EXHIBIT A

13-37725-cgm Doc 284-1 Filed 02/11/14 Entered 02/11/14 15:24:03 Exhibit

Health Services Invoices Pg 2 of 126

INVOICE

SIEMENS

Siemens Medical Solutions USA, Inc.

51 Valley Stream Parkway, Malvern PA 19355

INVOICE NUMBER	139005413
INVOICE DATE	05/28/2010
CUSTOMER NO.	10182
OUR REFERENCE NO.	120001022
DISTRICT	12

INVOICE ENCLOSED

BILL TO: ST FRANCIS HOSPITAL ATTN ACCTS PAYABLE 241 NORTH RD POUGHKEEPSIE NY 12601 SHIP TO: ST FRANCIS HOSPITAL ATTN ACCTS PAYABLE 241 NORTH RD POUGHKEEPSIE NY 12601

		act Information
PO Number :	1-54F9FD	Date: 03/27/2008
Amendment Number:	N.A	Date:
Contract Signed By:	N.A	Date:

PAGE 1 of 1

			INVOICE		
ITEM	QTY	UNIT	DESCRIPTION	CONTRACT VALUE	AMOUNT DUE
· ·			Project Id: IKM-01-000323		
			Description: St Francis Hospital (120001022)		
			Training		
			Milestone: Completion		
i			Milestone percentage Rate: 100.00 %		
0010	1.00	Pcs	syngo Workflow Education Malvern	2,100.00	2,100.00
			SUBTOTAL	!	2,100.00
			TAX		•
			INVOICE TOTAL		2,100.00
	reduct	ions	mer is hereby informed that section 1128B(b) of the Social Security Act req in price or existence of discount programs be properly disclosed and refle provider under Medicare or a State Health Program.	uires that discound cted in the costs o	s and other laimed or charges
	PLEA	SE [DIRECT ANY INQUIRIES REGARDING THIS BILLING TO: Siemens Medical Solutions USA, Inc.		
			1-800-888-SIEM (or 7436)		
			ATTN: IKM Project Office		
			helpikminvoice.healthcare@siemens.com		
			110 MacAlyson Ct Cary, NC 27511-6495 TEL. 800-888-SIEM		

TERMS OF PAYMENT

Special Terms

PLEASE REMIT TO: Siemens Medical Solutions USA, Inc., PO Box 120001 - Dept. 0733, DALLAS, TX 75312-0733

PAST DUE INVOICES ARE SUBJECT TO A SERVICE CHARGE OF 11/2% PER MONTH, NOT TO EXCEED THE MAXIMUM RATE ALLOWED BY LAW. GOODS SENT PURSUANT TO THIS INVOICE HAVE BEEN CAREFULLY CHECKED AND SAFELY PACKED. NO RETURN OF MECHANDISE WILL BE ACCEPTED UNLESS PREVIOUSLY APPROVED BY SIEMENS MEDICAL SOLUTIONS USA, INC. EQUIPMENT ORDERED IN COLORS OTHER THAN STANDARD COLORS CANNOT BE CHANGED WITHOUT PRIOR WRITTEN CONSENT OF SIEMENS MEDICAL SOLUTIONS USA, INC. ALL MERCHANDISE REMAINS THE PROPERTYOF SIEMENS MEDICAL SOLUTIONS USA, INC. UNTIL PAID FOR IN FULL. CLAIMS MUST BE MADE WITHIN SEVEN (7) DAYS AFTER RECEIPT OF SHIPMENT. ALL SALES SUBJECT TO SIEMENS MEDICAL SOLUTIONS USA, INC. TERMS AND CONDITIONS OF SALE AS SET FORTH ON THE FACE AND BACK HEREOF.

Siemens Medical Solutions USA, Inc. Health Services Division 51 Valley Stream Parkway, Malvern PA 19355

Recurring Invoice

9 F 3 I	TO: TT FRANCIS HOSPITAL Setty Halstead S NORTH ROAD POUGHKEEPSIE NY 12601 United States	Page: Invoice Number Invoice Date: Customer No. Due Date		1 0000188230 05/31/2012 324285 06/30/2012
Line	Fee Description	Invoice Amt	Invoice Subtotals	Prompt Pay Tax Discount
Custor	ner Reference ID: N/A			
RECU	URRING FEES			
1	Siemens Pharmacy Notes: Per Amendment Dated 11/15/04; Section 2. Monthly Term License Fee Siemens ID: CON2126-B108	6,638.04		663.80
2	Med. Administration Checking Notes: Per Amendment Dated 11/15/04; Section 2. Monthly Term License Fee Siemens ID: CON2126-B109	6,522.33		652.23
3	INVISION Med/IV Charting Notes: Per Amendment Dated 11/15/04; Section 2. Monthly Term License Fee; for Medication Administration Check Only Siemens ID: CON2126-B110	1,823.17		182.32
4	INV Receivables Policy Manager Notes: Per Amendment Dated 11/15/04; Section 2. Monthly ASP Term License Fee Siemens ID: CON2126-B111	2,350.62		235.06
5	Contract Managment Notes: Per Amendment Dated 6/29/07; Monthly RCO Processing & Extended Support Fee Siemens ID: CON10001817-B105	4,795.07		
6	HDX Processing Fee Notes: Per Master Agreement Dated 5/21/02; Appendix A to Supplement Two: Fees One Month in Advance Siemens ID: CON10001817-B111	0.00		
7	Openlink Notes: Per Master Agreement Dated 5/21/02; Supplement 1: Remote Computing Supplement Siemens ID: CON10001817-B112	2,311.23		231.12
8	Net Access & OAS Gold Notes: Per Master Agreement Dated 5/21/02; Supplement 1: Remote Computing Supplement	4,882.27		488.23

Siemens Medical Solutions USA, Inc. Health Services Division 51 Valley Stream Parkway, Malvern PA 19355

Recurring Invoice

Bill To: ST FRANCIS HOSPITAL Betty Halstead 35 NORTH ROAD POUGHKEEPSIE NY 12601 United States

Notes: PSR: 070529959401

Production - OSU Siemens ID: PSR2007-324285-B123 Page: Invoice Number Invoice Date: Customer No. Due Date 2 0000188230 05/31/2012 324285 06/30/2012

Prompt Pay

Invoice

Subtotals Tax Discount

United States Invoice Amt Fee Description Line Siemens ID: CON10001817-B113 (12,529,00) Monthly Discount Notes: Per Amendment Dated 3/27/08; Section 12. Additional Discount Discount for Radiology/Mammography is reflected on IKM Invoice Siemens ID: CON10001817-B122 175,387.00 Managed Services Fee 10 Notes: Per Amendment Dated 3/27/08; Section 2. Managed Services Fees June 2011 through May 2012 Siemens ID: CON10002354-B104 210.52 Siemens OPENLink Interface 11 Notes: PSR: 071003095301 Invision to WITT ADT Interface Production Siemens ID: PSR2007-324285-B112 Siemens OPENLink Interface 210.52 Notes: PSR: 071003095301 Invision to WITT ADT interface Test Siemens ID: PSR2007-324285-B113 210.52 Siemens OPENLink Interface Notes: PSR: 071003095315 Invision Reporting (ORU) Interface Production - WITT Siemens ID: PSR2007-324285-B114 210.52 Siemens OPENLink Interface Notes: PSR: 071003095316 Invision Reporting (ORU) Interface Test - WITT Siemens ID: PSR2007-324285-B115 210.52 Siemens OPENLink Interface

HL7 Interface & Order Status Update Data

SIEMENS Slemens Medical Solutions USA, Inc. Health Services Division 51 Valley Stream Parkway, Malvern PA 19355

Recurring Invoice

9 9 3 1	TO: T FRANCIS HOSPITAL Letty Halstead 5 NORTH ROAD OUGHKEEPSIE NY 12601 United States	Page: Invoice Number Invoice Date: Customer No. Due Date		3 0000188230 05/31/2012 324285 06/30/2012
Line	Fee Description	Invoice Amt	Invoice Subtotals	Prompt Pay Tax Discount
16	Siemens OPENLink Interface Notes: PSR: 070529959401 HL7 Interface & Order Status Update Data Test - OSU Siemens ID: PSR2007-324285-B124	210.52		
17	Siemens OPENLink Interface Notes: PSR: 070529959401 HL7 Interface & Order Status Update Data Production - AOO Siemens ID: PSR2007-324285-B125	210.52		
18	Siemens OPENLink Interface Notes: PSR: 070529959401 HL7 Interface & Order Status Update Data Test - AOO Siemens ID: PSR2007-324285-B126	210.52		
	SUBTOTAL FOR RECURRING	g FEES	193,864.89	
SUPI	PORT FEES			
19	GL Interface Notes: Per Master Agreement Dated 5/21/02 Siemens ID: CON56-B143	929.05		92.91
20	Standard PMS RTIF Interface Notes: Per Master Agreement Dated 5/21/02 Siemens ID: CON56-B149	89.10		8.91
21	COR Interface from Guardia Notes: PSR# 0212034895 item 02 Interface COR 7 Order Status Update Data from One Month in Advance Siemens ID: CON56-B152	0.00 Guardian Sys to INV		
22	Custom Programming Notes: Per Amendment Dated 6/25/04; NOVIUS Radiology ADT & Orders One-Way to PACs Siemens ID: CON1602-B102	391.03 via Mitra Broker		39.10
23	AnyQueue Notes: Per Amendment Dated 6/21/06 Monthly Support Fee	268.03		

Stemens Medical Solutions USA, Inc. Health Services Division 51 Valley Stream Parkway, Matvern PA 19355

Recurring Invoice

! ! !	l To: ET FRANCIS HOSPITAL Betty Halstead BS NORTH ROAD POUGHKEEPSIE NY 12601 United States	Page: Invoice Number Invoice Date: Customer No. Due Date		4 0000188230 05/31/2012 324285 06/30/2012
Line	Fee Description	Invoice Amt	Invoice Subtotals	Prompt Pay Tax Discount
	Siemens ID: CON3528-B101			
24	PageCenter Plus Notes: Per Amendment Dated 6/21/06 Monthly Support Fee Up to 25 Concurrent Users Siemens ID: CON3528-B102	685.81		
25	PageSorter Notes: Per Amendment Dated 6/21/06 Monthly Support Fee Siemens ID: CON3528-B103	128.05		
26	Sybase	62.54		
	Notes: Per Amendment Dated 6/29/07; Attachment 2; Technology Bid Contract Management V4.1 Siemens ID: CON10001817-B107			
27	INV Patient Mgmt/Patient Acctg Notes: Per Master Agreement Dated 5/21/02; Supplement 1: Updated per 9/30/2011 agreement One Month in Advance Siemens ID: CON10001817-B123	0.00		
28	Custom Programming Notes: Per Master Agreement Dated 5/21/02; Recirculating Error File One Month in Advance Siemens ID: CON10001817-B116	0.00		
29	Custom Programming Notes: Per Master Agreement Dated 5/21/02; COR/OSU RTIF from Sunquest to Invision One Month In Advance Siemens ID: CON10001817-B117	(0.01)		
30	Custom Programming Notes: Per Master Agreement Dated 5/21/02; Add on Orders RTIF from Sunquest to Invision One Month in Advance Siemens ID: CON10001817-B118	(0.01)		
31	Custom Programming	(0.01)		

Sigmens Medical Solutions USA, Inc. Health Services Division 51 Valley Stream Parkway, Malvern PA 19355

Recurring Invoice

Bill To:

ST FRANCIS HOSPITAL Betty Halstead 35 NORTH ROAD POUGHKEEPSIE NY 12601 United States Page: Invoice Number Invoice Date: Customer No. Due Date 5 0000188230 05/31/2012 324285 06/30/2012

Line

Fee Description

Invoice Amt

0.00

Invoice Prompt Pay Subtotals Tax Discount

Notes: Per Master Agreement Dated 5/21/02;

COR RTIF from Dietary Management System
One Month in Advance

Siemens ID: CON10001817-B119

32 Custom Programming

Notes: Per Master Agreement Dated 5/21/02;

CCI Model Batch Interface
One Month in Advance
Siemens ID: CON10001817-B120

33 HDX Electronic Claims Service

Notes: PSR: 040428139801

837 Claims Connectivity

Siemens ID: PSR/04-324285-B102

34 ADT Interface

0.00

862.57

Notes: PSR: 041028580201

ADT Interface to MedAllies Physician Portal - Production

One Month in Advance Siemens ID: PSR/04-324285-B107

35 ADT Interface

0.00

Notes: PSR: 041028580201

ADT Interface to MedAllies Physician Portal - Test

One Month in Advance

Siemens ID: PSR/04-324285-B108

36 Lab Results Interface

0.00

Notes: PSR: 041028580201

Lab Results Interface to MedAllies Physician Portal - Production

One Month in Advance

Siemens ID: PSR/04-324285-B109

37 Lab Results Interface

0.00

Notes: PSR: 041028580201

Lab Results Interface to MedAllies Physician Portal - Test

One Month in Advance

Siemens ID: PSR/04-324285-B110

38 Radiology Results Interface

0.00

Notes: PSR: 041028580201 Radiology Results Interface to MedAllies Physician Portal - Production

One Month in Advance

Slemens Medical Solutions USA, Inc. Health Services Division 51 Valley Stream Parkway, Malvern PA 19355

Recurring Invoice

Bill To: ST FRANCIS HOSPITAL Betty Halstead 35 NORTH ROAD POUGHKEEPSIE NY 12601 Page: Invoice Number Invoice Date: Customer No. Due Date

0000188230 05/31/2012 324285 06/30/2012

Fee Description Line

United States

Invoice Amt

Prompt Pay Subtotals Tax Discount

Siemens ID: PSR/04-324285-B111

Radiology Results Interface 39

0.00

Invoice

Notes: PSR: 041028580201 Radiology Results Interface to MedAllies Physician Portal - Test One Month in Advance

Siemens ID: PSR/04-324285-B112

SoftMed ChartScript Interface 40

0.00

Notes: PSR: 041028580201

SoftMed ChartScript Interface to MedAllies Physician Portal-Production

One Month in Advance

Siemens ID: PSR/04-324285-B113

SoftMed ChartScript Interface

0.00

Notes: PSR: 041028580201

SoftMed ChartScript Interface to MedAllies Physician Portal - Test

One Month in Advance

Siemens ID: PSR/04-324285-B114

HealthVision Interface

0.00

Notes: PSR: 041028580201

HealthVision to SoftMed Results Interface - Production

One Month in Advance

Siemens ID: PSR/04-324285-B115

HealthVision Interface

0.00

Notes: PSR: 041028580201

HealthVision to SoftMed Results Interface - Test

One Month in Advance

Siemens ID: PSR/04-324285-B116

0.00

REVGRO / TCC Program 44

Notes: PSR: 060710077901

For Primary Collection Agency CBHV

One Month in Advance

Siemens ID: PSR2006-324285-B106

0.00

Direct Line Notes: PSR: 061221952502

45

FTP Setup & Transfer Fees of File Created From MHH0580 (ATP58FSF)

One Month in Advance

Siemens ID: PSR2007-324285-B105

Slemens Medical Solutions USA, Inc. Health Services Division 51 Valley Stream Parkway, Malvern PA 19355

Recurring Invoice

Bill To: ST FRANCIS HOSPITAL Betty Halstead 35 NORTH ROAD POUGHKEEPSIE NY 12601 Page: Invoice Number Invoice Date: Customer No. Due Date

0000188230 05/31/2012 324285 06/30/2012

Prompt Pay

United States Invoice Subtotals Tax Discount Invoice Amt Fee Description Line 0.00 Siemens OPENLink Interface Notes: PSR: 071003095317 HL7 Interface & Order Status Update Data - WITT One Month in Advance Siemens ID: PSR2007-324285-B116 0.00 Siemens OPENLink Interface Notes: PSR: 070529959401 HL7 Interface & Order Status Update Data from Dreager Megacare to INV One Month in Advance Siemens ID: PSR2007-324285-B121 Siemens OPENLink Interface 0.00 Notes: PSR: 070529959402 Deliver Standard Add-on Orders RTIF Interface from Dreager Megacare One Month in Advance Siemens ID: PSR2007-324285-B122 Siemens OPENLink Interface 202,23 Notes: PSR: 080822651801 Pharmacy MAR Interface to Sentry Data Production Siemens ID: PSR2008-324285-B111 Siemens OPENLink Interface 202.23 50 Notes: PSR: 080822651801 Pharmacy MAR Interface to Sentry Data Test Siemens ID: PSR2008-324285-B112 syngo Workflow Mammography 37.00 51 Notes: PSR: 080826925502 Web-based Training for syngo Workflow Mammography Monthly Support Fee Siemens ID: PSR2008-324285-B115

Interface QSpeech Radiology Results to Siemens Radiology

Siemens OPENLink Interface 53

52

Radiology & QSpeech Interface

Notes: PSR: 080314703801

Notes: PSR: 090129913001

One Month in Advance Siemens ID: PSR2008-324285-B119

100.93

0.00

Siemens Medical Solutions USA, Inc. Health Services Division 51 Valley Stream Parkway, Malvern PA 19355

Recurring Invoice

Bill To:

ST FRANCIS HOSPITAL Betty Halstead 35 NORTH ROAD POUGHKEEPSIE NY 12601 United States

Page: Invoice Number Invoice Date: Customer No.

Due Date

0000188230 05/31/2012 324285 06/30/2012

Line

Fee Description

Invoice Amt

Invoice Subtotals Tax Discount

Prompt Pay

RTIF Table Delivery for Blood Gas Results Interface One Month in Advance

Siemens ID: PSR2009-324285-B104

Siemens OPENLink Interface

196.91

Notes: PSR: 090129913003

HL7 Interface & Order Status Data from Blood Gas System to Invision

Production

Siemens ID: PSR2009-324285-B105

Siemens OPENLink Interface

196.91

Notes: PSR: 090129913004

HL7 Interface & Order Status Data from Blood Gas System to Invision

Test

Siemens ID: PSR2009-324285-B106

SUBTOTAL FOR SUPPORT FEES

4,352.36

NETWORKING FEES

Wide Area Network

7,510.53

751.05

Notes: Per Amendment Dated 6/29/07; Exhibit B - Wide Area Network Fees Site Type 3A (Primary T1 port, 512Kbps PVC; 512Kbps IP Backup)

Siemens ID: CON10001817-B109

SUBTOTAL FOR NETWORKING FEES

7,510.53

EQUIPMENT MAINTENANCE FEES

HP Maintenance

1,259.00

Notes: Support for ES45 on SN: AY50400575 Pharmacy Servers

Customer PO: 1284244 Siemens ID: CON10001817-B124

SUBTOTAL FOR EQUIPMENT MAINTENANCE FEES

1,259.00

Siemens Medical Solutions USA, Inc. Health Services Division 51 Valley Stream Parkway, Malvern PA 19355

Recurring Invoice

Bill To:

ST FRANCIS HOSPITAL Betty Halstead 35 NORTH ROAD POUGHKEEPSIE NY 12601 United States Page: Invoice Number Invoice Date: Customer No. Due Date 9 0000188230 05/31/2012 324285 06/30/2012

Invoice Amount Prompt Pay Discount Amt 31,599.78 \$ 3,344.73

Please Remit To: Siemens Medical Solutions USA Inc. c/o Mellon Bank PO Box 120001 Dept 0733

Dallas TX 75312-0733 United States

Please use the following address for overnight/express mail checks: Siemens Medical Solutions USA Inc. c/o Mellon Bank Lockbox - Dept 890733 1501 North Plano Road Suite 100 Richardson, TX 75081

Direct billing inquiries to: Tel(610)219-6000, Fax(610)219-1903, Email custacct.healthcare@siemens.com

The customer is hereby informed that section 1128B(b) of the Social Security Act requires that discounts and other reductions in price or the existence of discount programs be properly disclosed and reflected in the costs claimed or charges made by a provider under Medicare or a State Health Program.

Notice: Compliance with legal and internal regulations is an integral part of all business processes at Siemens. Possible infringements can be reported to our HelpDesk "Tell us" at www.siemens.com/tell-us.

Line

Fee Description

Invoice Amt

Invoice Prompt Pay Subtotals Tax Discount

Pretax Invoice Amount

\$ 206,986.78

206,986.78

TOTAL AMOUNT DUE :

Total Prompt Pay Discount of \$3,344.73 Allowable If Payment Received By 06/30/2012

13-37725-cgm Doc 284-1 Filed 02/11/14 Entered 02/11/14 15:24:03 Exhibit Health Services Invoices Pg 12 of 126 OICE

SIEMENS

Siemens Medical Solutions USA, Inc.

51 Valley Stream Parkway, Malvern PA 19355

INVOICE NUMBER 95722023 INVOICE DATE 08/01/2012 CUSTOMER NO. 10182 OUR REFERENCE NO. 0035091247

12

DISTRICT

INVOICE ENCLOSED

BILL TO: ST FRANCIS HOSPITAL ATTN: ACCOUNTS PAYABLE 35 NORTH ROAD POUGHKEEPSIE NY 12601

SOLD TO: ST FRANCIS HOSPITAL 241 NORTH RD POUGHKEEPSIE NY 12601

AGREEMENT NUMBER

35091247

PAGE 1 of 2

TAX STATE TERMS OF PAYMENT NY Net 30 Days-Service

DESCRIPTION/PURCHASE ORDER	TOTAL PRICE
Functional Location: 400-213197	2,875.00
syngo Workflow	
ST FRANCIS HOSPITAL, 241 NORTH RD, POUGHKEEPSIE, NY 12601	
Radiology/Mammography :	
Purchase Order No:	
Ref. No.: Price reflects 10% prompt payment discount	
Billing Description:	
Radiology/Mammography	
Billing notes:	
One month in advance	
Agt. Dated - 6/29/07Agt.	İ
Contract Billing for Period 08/01/2012 through 08/31/2012	
Serial number: 324285	
Functional Location:	333.85
	•
Contract Billing for Period 08/01/2012 through 08/31/2012	
	İ
	syngo Workflow ST FRANCIS HOSPITAL, 241 NORTH RD, POUGHKEEPSIE, NY 12601 Radiology/Mammography Purchase Order No: Ref. No.: Price reflects 10% prompt payment discount Billing Description: Radiology/Mammography Billing notes: One month in advance Agt. Dated - 6/29/07Agt. Contract Billing for Period 08/01/2012 through 08/31/2012 Serial number: 324285

PLEASE REMIT TO:

Siemens Medical Solutions USA, Inc., PO Box 120001 - Dept. 0733, DALLAS, TX 75312-0733

13-37725-cgm Doc 284-1 Filed 02/11/14 Entered 02/11/14 15:24:03 Exhibit

Health Services Invoices Pg 13 of 126 OICE

SIEMENS

Siemens Medical Solutions USA, Inc. 51 Valley Stream Parkway, Malvern PA 19355 INVOICE NUMBER 95722023 INVOICE DATE 08/01/2012 CUSTOMER NO. 10182 OUR REFERENCE NO. 0035091247 DISTRICT 12

ITEM	DESCRIPTION/PURCHASE ORDER	TOTAL PRICE
030	Functional Location:	99.00
	ST FRANCIS HOSPITAL, 241 NORTH RD, POUGHKEEPSIE, NY 12601	
	Sybase Monthly Support	ŀ
	Purchase Order No:	
	Contract Billing for Period 08/01/2012 through 08/31/2012	
	Contract Dinnig for Feriod 65/6 1/2012 through 65/6 1/2012	
	SUBTOTAL	3,307.85
	TAX	
	INVOICE TOTAL	3,307.85
	INVOICE BALANCE	3,307.85
	· · · · · · · · · · · · · · · · · · ·	
	400-213197 syngo Workflow	
	The customer is hereby informed that section 1128B(b) of the Social Security Act requires that discounts and other reductions in price or existence of discount programs be properly disclosed and reflected in the costs claimed or charges made by a provider under Medicare or a State Health Program.	
	PLEASE DIRECT ANY INQUIRIES REGARDING THIS BILLING TO:	
	1-800-888-SIEM (or 7436)	
	ATTN: Customer Administration.	
	ATTN. Customer Administration.	

PLEASE REMIT TO:

Siemens Medical Solutions USA, Inc., PO Box 120001 - Dept. 0733, DALLAS, TX 75312-0733

13-37725-cgm Doc 284-1 Filed 02/11/14 Entered 02/11/14 15:24:03 Exhibit Health Services Invoices Pg 14 of Proice

Siemens Medical Solutions USA, Inc. 51 Valley Stream Parkway, Malvern PA 19355 INVOICE NUMBER INVOICE DATE CUSTOMER NO. OUR REFERENCE NO. 0035091247

95734521 09/01/2012 10182

DISTRICT

12

INVOICE ENCLOSED

BILL TO: ST FRANCIS HOSPITAL ATTN: ACCOUNTS PAYABLE 35 NORTH ROAD POUGHKEEPSIE NY 12601

SOLD TO: ST FRANCIS HOSPITAL 241 NORTH RD POUGHKEEPSIE NY 12601

AGREEMENT NUMBER

35091247

PAGE 1 of 2

TAX STATE TERMS OF PAYMENT NY Net 30 Days- Service

ITEM	DESCRIPTION/PURCHASE ORDER	TOTAL PRICE
0010	Functional Location: 400-213197	2,875.00
	syngo Workflow	
	ST FRANCIS HOSPITAL, 241 NORTH RD, POUGHKEEPSIE, NY 12601]
	Radiology/Mammography	1
	Purchase Order No:	
	Ref. No.: Price reflects 10% prompt payment discount	
	Billing Description:	
	Radiology/Mammography	
	Billing notes:	
	One month in advance	
	Agt. Dated - 6/29/07Agt.	
		1
	Contract Billing for Period 09/01/2012 through 09/30/2012	
i	Serial number: 324285	
0020	Functional Location:	333.85
	ST FRANCIS HOSPITAL, 241 NORTH RD, POUGHKEEPSIE, NY 12601	
	BEA MessageQ Annual Suppt Fee.	
	Purchase Order No:	
	Contract Billing for Period 09/01/2012 through 09/30/2012	
	Contract Billing for Ferrod 60/61/2612 through 60/60/2612	
		1

PLEASE REMIT TO:

Siemens Medical Solutions USA, Inc., PO Box 120001 - Dept. 0733, DALLAS, TX 75312-0733

13-37725-cgm Doc 284-1 Filed 02/11/14 Entered 02/11/14 15:24:03 Exhibit Health Services Invoices Pg 15 of 1260ICE

INVOICE NUMBER INVOICE DATE CUSTOMER NO.

95734521 09/01/2012 10182 OUR REFERENCE NO. 0035091247

DISTRICT

12

Siemens M	edical	Solutions	USA, In	э.	
51 Valley	Stream	Parkway,	Malvern	PA	19355

TEM	DESCRIPTION/PURCHASE ORDER	TOTAL PRICE
030	Functional Location:	99.00
	OT EDANIOLO LICODITAL CAMALODTU DE POLICUIVEEDCIE NV 12001	
	ST FRANCIS HOSPITAL, 241 NORTH RD, POUGHKEEPSIE, NY 12601	
	Sybase Monthly Support	
	Purchase Order No:	
	Contract Billing for Period 09/01/2012 through 09/30/2012	
	SUBTOTAL	3,307.85
	TAX	
	INVOICE TOTAL	3,307.85
	INVOICE BALANCE	3,307.85
	INVOICE BALANCE	0,007.00
**		
	400-213197 syngo Workflow	
	The customer is hereby informed that section 1128B(b) of the Social Security Act requires that discounts and other	
	reductions in price or existence of discount programs be properly disclosed and reflected in the costs claimed or charges	ľ
	made by a provider under Medicare or a State Health Program.	
	PLEASE DIRECT ANY INQUIRIES REGARDING THIS BILLING TO:	
	1-800-888-SIEM (or 7436)	
	ATTN: Customer Administration.	
	7(1)14. Subtomor / tarminoration.	

PAST DUE INVOICES ARE SUBJECT TO A SERVICE CHARGE OF 11/2% PER MONTH, NOT TO EXCEED THE MAXIMUM RATE ALLOWED BY LAW. ALL SERVICE CONTRACTS ARE SUBJECT TO SIEMENS MEDICAL SOLUTIONS USA, INC. TERMS AND CONDITIONS AS SET FORTH ON THE FRONT AND BACK OF THE SERVICE CONTRACT.

PLEASE REMIT TO: Siemens Medical Solutions USA, Inc., PO Box 120001 - Dept. 0733, DALLAS, TX 75312-0733

Siemens Medical Solutions USA, Inc.

51 Valley Stream Parkway, Malvern PA 19355

13-37725-cgm Doc 284-1 Filed 02/11/14 Entered 02/11/14 15:24:03 Exhibit

Health Services Invoices Pg 16 of NOICE

INVOICE DATE

INVOICE NUMBER 95747610

CUSTOMER NO. 10182 OUR REFERENCE NO. 0035091247

10/07/2012

DISTRICT

INVOICE ENCLOSED

BILL TO: ST FRANCIS HOSPITAL ATTN: ACCOUNTS PAYABLE 35 NORTH ROAD POUGHKEEPSIE NY 12601

SOLD TO: ST FRANCIS HOSPITAL 241 NORTH RD POUGHKEEPSIE NY 12601

AGREEMENT NUMBER

35091247

PAGE 1 of 2

TAX STATE TERMS OF PAYMENT NY Net 30 Days-Service

ITEM	DESCRIPTION/PURCHASE ORDER	TOTAL PRICE
0010	Functional Location: 400-213197	2,875.00
	syngo Workflow	
	ST FRANCIS HOSPITAL, 241 NORTH RD, POUGHKEEPSIE, NY 12601	
	Radiology/Mammography	
	Purchase Order No:	
	Ref. No.: Price reflects 10% prompt payment discount	
	Billing Description:	
	Radiology/Mammography	
	Billing notes:	
	One month in advance	
	Agt. Dated - 6/29/07Agt.	
	Contract Billing for Period 10/01/2012 through 10/31/2012	
	Serial number: 324285	
0020	Functional Location:	333.85
	ST FRANCIS HOSPITAL, 241 NORTH RD, POUGHKEEPSIE, NY 12601	
	BEA MessageQ Annual Suppt Fee.	
	Purchase Order No:	
	Contract Billing for Period 10/01/2012 through 10/31/2012	
		1
		1

PLEASE REMIT TO:

Siemens Medical Solutions USA, Inc., PO Box 120001 - Dept. 0733, DALLAS, TX 75312-0733

13-37725-cgm Doc 284-1 Filed 02/11/14 Entered 02/11/14 15:24:03 Exhibit

Health Services Invoices Pg 17 of 126 OICE

SIEMENS

Siemens Medical Solutions USA, Inc.

51 Valley Stream Parkway, Malvern PA 19355

INVOICE NUMBER 95747610 INVOICE DATE 10/07/2012 CUSTOMER NO. 10182 OUR REFERENCE NO. 0035091247 DISTRICT 12

ITEM	DESCRIPTION/PURCHASE ORDER	TOTAL PRICE
0030	Functional Location:	3.30
	ST FRANCIS HOSPITAL, 241 NORTH RD, POUGHKEEPSIE, NY 12601	
	Sybase Monthly Support	
	Purchase Order No:	
	Contract Billing for Period 10/01/2012 through 10/01/2012	
	Contract bining for Feriod Toronizoriz through Toronizoriz	
	SUBTOTAL	3,212.15
	TAX	
	INVOICE TOTAL	3,212.15
	INVOICE BALANCE	3,212.15
	400-213197 syngo Workflow	
	The state of the state of the state of the state of the Social County Act requires that discounts and other	
	The customer is hereby informed that section 1128B(b) of the Social Security Act requires that discounts and other reductions in price or existence of discount programs be properly disclosed and reflected in the costs claimed or charges	
	made by a provider under Medicare or a State Health Program.	
	PLEASE DIRECT ANY INQUIRIES REGARDING THIS BILLING TO:	
	1-800-888-SIEM (or 7436) ATTN: Customer Administration.	
	ATTN: Customer Administration.	

PLEASE REMIT TO:

Siemens Medical Solutions USA, Inc., PO Box 120001 - Dept. 0733, DALLAS, TX 75312-0733

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Siemens Medical Solutions USA, Inc. 51 Valley Stream Parkway, Malvern PA 19355

INVOICE NUMBER INVOICE DATE CUSTOMER NO. OUR REFERENCE NO. 0035091247

95759892 11/01/2012 10182

DISTRICT

12

INVOICE ENCLOSED

BILL TO: ST FRANCIS HOSPITAL ATTN: ACCOUNTS PAYABLE 35 NORTH ROAD POUGHKEEPSIE NY 12601

SOLD TO: ST FRANCIS HOSPITAL 241 NORTH RD POUGHKEEPSIE NY 12601

AGREEMENT NUMBER

35091247

PAGE 1 of 2

TAX STATE TERMS OF PAYMENT NY Net 30 Days - Service

ITEM	DESCRIPTION/PURCHASE ORDER	TOTAL PRICE
0010	Functional Location: 400-213197	2,875.00
	syngo Workflow	
	ST FRANCIS HOSPITAL, 241 NORTH RD, POUGHKEEPSIE, NY 12601	
	Radiology/Mammography	
	Purchase Order No:	
	Ref. No.: Price reflects 10% prompt payment discount	
	Billing Description:	
	Radiology/Mammography	
	Billing notes:	
	One month in advance	
	Agt. Dated - 6/29/07Agt.	
	Contract Billing for Period 11/01/2012 through 11/30/2012	
	Serial number: 324285	
0020	Functional Location:	333.85
	OT TO MICIO HOODITAL OM NODTH DD. DOLICHVEEDSIE, NV 12601	
	ST FRANCIS HOSPITAL, 241 NORTH RD, POUGHKEEPSIE, NY 12601	
	BEA MessageQ Annual Suppt Fee.	
	Purchase Order No:	
	Contract Billing for Period 11/01/2012 through 11/30/2012	

PLEASE REMIT TO:

Siemens Medical Solutions USA, Inc., PO Box 120001 - Dept. 0733, DALLAS, TX 75312-0733

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Health Services Invoices Pg 19 of INFOICE

SIEMENS

Siemens Medical Solutions USA, Inc. 51 Valley Stream Parkway, Malvern PA 19355 INVOICE NUMBER 95759892 INVOICE DATE 11/01/2012 10182 CUSTOMER NO. OUR REFERENCE NO. 0035091247 DISTRICT

ITEM	DESCRIPTION/PURCHASE ORDER	TOTAL PRICE
0030	Functional Location:	194.70
	ST FRANCIS HOSPITAL, 241 NORTH RD, POUGHKEEPSIE, NY 12601	
	Sybase Monthly Support	
	Purchase Order No:	
	Contract Billing for Period 10/02/2012 through 11/30/2012	
	SUBTOTAL	3,403.55
	TAX	
	INVOICE TOTAL	3,403.55
	INVOICE BALANCE	3,403.55
	INVOICE BALANCE	
	400-213197 syngo Workflow	
	The customer is hereby informed that section 1128B(b) of the Social Security Act requires that discounts and other reductions in price or existence of discount programs be properly disclosed and reflected in the costs claimed or charges	
	made by a provider under Medicare or a State Health Program.	
	PLEASE DIRECT ANY INQUIRIES REGARDING THIS BILLING TO: 1-800-888-SIEM (or 7436) ATTN: Customer Administration.	
	ATTN. Gustomer Administration.	

PLEASE REMIT TO:

Siemens Medical Solutions USA, Inc., PO Box 120001 - Dept. 0733, DALLAS, TX 75312-0733

Siemens Medical Solutions USA, Inc. Health Services Division 51 Valley Stream Parkway, Malvern PA 19355

ST. FRANCIS HOSPITAL & HEALTH
45 NORTH ROAD
POUGHKEEPSIE NY 12601

ATTENTION: BETTY HALSTEAD, CONTROLLER

GO GREEN! SWITCH TO PAPERLESS INVOICES WITH EINVOICING - SPREADSHEET FUNCTIONALITY AVAILABLE! GO TO HTTP://www.smed.com/customers/register.asp and follow the registration process. If your organization is registered, your website administrator can grant you access. Sign up for current month email notifications!

Siemens Medical Solutions USA, Inc. Health Services Division 51 Valley Stream Parkway, Malvern PA 19355

324285

FFS

REMITTANCE PAGE

JUNE 30, 2013

PAGE 1

ST. FRANCIS HOSPITAL & HEALTH 45 NORTH ROAD

POUGHKEEPSIE

NY

12601

ATTENTION: BETTY HALSTEAD, CONTROLLER

INVOICE SUMMARY FOR:

JUNE, 2013

INVOICE TYPE

INVOICE NUMBER

INVOICE AMOUNT

AMOUNT PAID

RECURRING INVOICE

0000206351

62,084.56

UTILIZATION INVOICE

0000206353

5,547.50

TOTAL \$67,632.06

Siemens Health Services preferred methods of payment are ACH, EFT and wire transfers. To set up electronic payments email: custacct.healthcare∂siemens.com

Please Remit To:

Siemens Medical Solutions USA Inc. c/o Mellon Bank PO Box 120001 Dept 0733 Dallas TX 75312-0733 United States

Please use the following address for overnight/express mail checks: Siemens Medical Solutions USA Inc. c/o Mellon Bank Lockbox - Dept 890733 1501 North Plano Road Suite 100 Richardson, TX 75081

BILLING INQUIRIES: Heather Moore

(610)448-3368, heather.moore@siemens.com

THE CUSTOMER IS HEREBY INFORMED THAT SECTION 1128B(B) OF THE SOCIAL SECURITY ACT REQUIRES THAT DISCOUNTS AND OTHER REDUCTIONS IN PRICE OR THE EXISTENCE OF DISCOUNT PROGRAMS BE PROPERLY DISCLOSED AND REFLECTED IN THE COSTS CLAIMED OR CHARGES MADE BY A PROVIDER UNDER MEDICARE OR A STATE HEALTH PROGRAM.

NOTICE: COMPLIANCE WITH LEGAL AND INTERNAL REGULATIONS IS AN INTEGRAL PART OF ALL BUSINESS PROCESSES AT SIEMENS. POSSIBLE INFRINGEMENTS CAN BE REPORTED TO OUR HELPDESK "TELL US" AT WWW.SIEMENS.COM/TELL-US.

Siemens Medical Solutions USA, Inc. Health Services Division 51 Valley Stream Parkway, Malvern PA 19355

324285

FFS

INVOICE SUMMARY

JUNE 30, 2013

PAGE 1

ST. FRANCIS HOSPITAL & HEALTH

45 NORTH ROAD POUGHKEEPSIE

NY

12601

ATTENTION: BETTY HALSTEAD, CONTROLLER

INVOICE SUMMARY FOR:

JUNE, 2013

RECURRING INVOICE

0000206351

62,084.56

UTILIZATION INVOICE

0000206353

5,547.50

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Siemens Medical Solutions USA, Inc. Health Services Division 51 Valley Stream Parkway, Malvern PA 19355

Recurring Invoice

Bill To: ST FRANCIS HOSPITAL Betty Halstead 35 NORTH ROAD POUGHKEEPSIE NY 12601 **United States**

Page: Invoice Number Invoice Date: Customer No. Due Date

0000206351 06/30/2013 324285 07/31/2013

Line Fee Description Customer Reference ID: N/A

Invoice Amt Subtotals Tax

40,190.56

11,486.00

4,533.00

5,875.00

Invoice

RECURRING FEES

Invision Applications Notes: Contract Date: 3/30/2012

Monthly RCO processing and Extended Support Fee

Siemens ID: CON10006334-B103

Monthly Managed Service Fees

Notes: Contract Date: 3/30/2012 Help desk fees 61/2012 - 5/31/2013

Siemens ID: CON10006334-B105

Monthly Managed Service Fees

Notes: Contract Date: 3/30/2012 Monthly ESM Fee 6/1/2012 - 5/31/2013

Siemens ID: CON10006334-B106

SUBTOTAL FOR RECURRING FEES

56,209.56

NETWORKING FEES

Wan Fee Notes: Contract Date: 3/30/2012

Site Type 3A (384k with MIS Backup)

Siemens ID: CON10006334-B107

SUBTOTAL FOR NETWORKING FEES

5,875.00

Siemens Medical Solutions USA, Inc. Health Services Division 51 Valley Stream Parkway, Malvern PA 19355

Recurring Invoice

Bill To: ST FRANCIS HOSPITAL Betty Halstead 35 NORTH ROAD POUGHKEEPSIE NY 12601 United States

Page: Invoice Number Invoice Date: Customer No. Due Date

0000206351 06/30/2013 324285 07/31/2013

Invoice Amount

62,084.56

Please Remit To: Siemens Medical Solutions USA Inc. c/o Mellon Bank PO Box 120001 Dept 0733 Dallas TX 75312-0733 **United States**

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Line

Fee Description

Invoice Amt Subtotals Tax

Invoice

Pretax Invoice Amount

62,084.56

TOTAL AMOUNT DUE:

\$ 62,084.56

Siemens Medical Solutions USA, Inc. Health Services Division 51 Valley Stream Parkway, Malvern PA 19355

Utilization Invoice

Bill To: ST FRANCIS HOSPITAL Betty Halstead 35 NORTH ROAD POUGHKEEPSIE NY 12601 United States Page: Invoice Number Invoice Date: For Services Rendered: Customer No. Due Date 1 0000206353 06/30/2013 05/2013 324285 07/31/2013

Line	Fee Description	Qty	UOM	Rate	Invoice Amt	Invoice Subtotals	Tax
Custom	er Reference ID: N/A						
TRANSA	CTION FEES						
1	HDX Electronic Remittance Siemens ID: CNV324285-00-B123	5,252 S-AB368	EA	0.380	1,995.76		
2	HDX Eligibility Transactions Siemens ID: CNV324285-00-B123	23 3-AB342	EA	0.380	8.74		
		SUBTOTAL F	OR TRA	ANSACTION FE	ES	2,004.50	
REPORT	FEES						
3	Patient Acctg. Archive Adhocs See Attached Schedule Notes: Per Amendment Dated 3/2 Monthly Allowance = 100 Siemens ID: CNV324285-00-Bll2	27/08; Secti 0	EA ion 8	30.000	2,040.00		
		SUBTOTAL F	OR REF	PORT FEES		2,040.00	
FORMS	AND MEDIA FEES						
4	Direct Line Services See Attached Schedule Siemens ID: CNV324285-00-B103	1-BL012			1,175.00		
		SUBTOTAL I	OR FOR	RMS AND MEDI	A FEES	1,175.00	
EQUIPM	ENT MAINTENANCE FEES						
5	Printer Maintenance See Attached Schedule Siemens ID: CNV324285-00-Bll4	4-FW001			328,00		

SUBTOTAL FOR EQUIPMENT MAINTENANCE FEES

328.00

Siemens Medical Solutions USA, Inc. Health Services Division 51 Valley Stream Parkway, Malvern PA 19355

Utilization Invoice

Bill To: ST FRANCIS HOSPITAL Betty Halstead 35 NORTH ROAD POUGHKEEPSIE NY 12601 United States Page: Invoice Number Invoice Date: For Services Rendered: Customer No. Due Date

Invoice Amount

2 0000206353 06/30/2013 05/2013 324285 07/31/2013

5.547.50

Please Remit To: Siemens Medical Solutions USA Inc. c/o Mellon Bank PO Box 120001 Dept 0733 Dallas TX 75312-0733 United States

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Invoice
Line Fee Description Qty UOM Rate Invoice Amt Subtotals Tax

Pretax Invoice Amount

TOTAL AMOUNT DUE:

\$ 5,547.50

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				DIRECT LINE	SERVICES :	SUMMARY				
ST FRANCIS	HOSPITAL			REG/COD	JUNE 30, 2013					
241 NORTH I				****		70/00 5		5405		
POUGHKEEPS:		NY	12601	CUSTOME	R NUMBER:	32428-5		PAGE	Т	
TYPE: MASTE	R FILE									
						NUMBER	TAPE	TAPE		SHIPPING
DATE	TIME	DES	SCRIPTIO	N		REELS	NUMBER	CHARGE		CHARGE
05/05/13	2:59:74	DA:	ILY MHH	FILE VIA FTP			FE5986	175.00)	0.00
05/05/13	2:55:05	MOI	NTHLY TO	C AND REVGRO	PROCESS		FE5887	400.00)	0.00
05/15/13	7:20:80	CBI	HV REV T	CC SVC FEE			FM1332	600.00)	0.00
						GRA	ND TOTAL	\$1175.00)	\$0.00
									_	

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ST FRANCIS HOSPITAL

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	*\$PXOC		05/02/13	16:46	2600	9	ŏ	ŏ	ROO1FOFS

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ST FRANCIS HOSPITAL

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ST FRANCIS HOSPITAL

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ST FRANCIS HOSPITAL

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	*\$PXNORP	001	05/13/13	16:31	2600	9	0	0	R001F0FS
	*\$PXRPT3	001	05/13/13	16:31	2600	4	0	0	ROO1FOFS
	*\$PXRPT5	001	05/13/13	16:31	2600	7450	Ô	0	R001F0FS
	*\$PXRPT8	001	05/13/13	16:31	2600	7170	0	0	ROO1FOFS
	*\$PXRPT9	001	05/13/13	16:31	2600	4919	Ö	Ö	R001F0FS
	*\$PXRPT3	001	05/14/13	16:30	2600	8	Ŏ	Ŏ	R001F0FS
	WAL VILL 10		J. 27/ 10			•	-	-	

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ST FRANCIS HOSPITAL

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	*\$PXRPT9	001	05/15/13	16:27	2600	4930	0	0	R001F0FS
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	*\$PXOA2	001	05/16/13	16:27	2600	68	0	0	R001F0FS
	*\$PX0C2	001	05/16/13	16:28	2600	5	0	0	R001F0FS
	*\$PXOP2	001	05/16/13	16:28	2600	40	0	0	R001F0FS
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	*\$PXRPT6	001	05/16/13	16:28	2600	385	0	0	R001F0FS
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	*\$PXRPT9	001	05/16/13	16:28	2600	4930	0	0	ROO1FOFS
	*\$PXRPT3	001	05/17/13	16:22	2600	39	Ó	Ô	R001F0FS

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ST FRANCIS HOSPITAL

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CHECK	NAME	NBR	DATE	TIME	ROI	PAGES	COPIES	PIECES	
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	*\$PXRPT5	001	05/20/13	16:31	2600	7468	0	0	R001F0FS
	*\$PXRPT6	001	05/20/13	16:31	2600	386	0	0	R001F0FS
	*\$PXRPT8	001	05/20/13	16:31	2600	7202	0	0	R001F0FS
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ST FRANCIS HOSPITAL

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	*\$PXRPT8	001	05/21/13	16:29	2600	7202	0	0	R001F0FS				
	*\$PXRPT9	001	05/21/13	16:29	2600	4985	0	0	R001F0FS				
	*\$PXRPT3	001	05/22/13	16:21	2600	7	0	0	R001F0FS				
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	*\$PXRPT6	001	05/23/13	16:22	2600	386	0	0	R001F0FS				
	*\$PXRPT3	001	05/24/13	16:29	2600	4	0	0	R001F0FS				
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	*\$PXRPT6	001	05/24/13	16:29	2600	386	0	0	R001F0FS				
	*\$PXRPT8	001	05/24/13	16:29	2600	3623	0	0	R001F0FS				
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	*\$PXRPT5	001	05/25/13	16:19	2600	457	0	0	R001F0FS				
	*\$PXRPT6	001	05/25/13	16:19	2600	387	Ô	0	R001F0FS				
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	*\$PXRPT6	001	05/28/13	16:19	2600	387	0	0	R001F0FS
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	*\$PXRPT3	001	05/29/13	16:23	2600	4	0	0	R001F0FS
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	*\$PXRPT3	001	05/31/13	16:23	2600	4	0	0	R001F0FS
	*\$PXRPT5	001	05/31/13	16:23	2600	455	Ō	Ö	R001F0FS
	*\$PXRPT6	001	05/31/13	16:23	2600	387	Ö	Ŏ	R001F0FS

TOTAL 168

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		040 000	INTOTATION MAINTENANCE DETAIL	DATE: JUNE	30, 2013	
-		242 LK1	INTSTATION MAINTENANCE DETAIL		30, 2013	
ST FRANCIS HOSPITAL		CODE	/REG: FFS	PAGE: 1		
241 NORTH						
POUGHKEEP:		, NY 12601 CUSTOMER NUMBER: 324285				
SIEMENS P	RINTSTATION	MAINTENANCE FOR THE PERIO	D: 05/01/13 - 05/31/13			
QUANTITY	MODEL	DESCRIPTION	FUNCTION	MONTHLY RATE	AMOUNT	•
			****			
1	6400-15	IBM 6415 Lineprinter			164.00	164
ī	6400-15	IBM 6415 Lineprinter			164.00	164
-	0400 15	IDII OILD EIREPETITE		SUB-TOTAL:	\$328.00	
				TOTAL •	\$328 NN	

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HDX DETAIL BACKUP

PAGE: 1 C/A: Z

ST FRANCIS HOSPITAL 241 NORTH ROAD REG/CODE: FFS

POUGHKEEPSIE , NY 12601

CUSTOMER NUMBER: 324285

06/30/2013

3250000000000	====== HDX TRANS	ACTION DET	[ A I L =======	
APPLICATION: E	LIGIBILITY			
TRANSACTION Date	ID: XELNY191 TRANSACTION DESCRIPTION		QUANTITY	AMOUNT
04/30/13	ELIGIBILITY NEW YORK MEDICAID ELIGIBILITY NEW YORK MEDICAID ELIGIBILITY NEW YORK MEDICAID	===	1 3 2 1	
	TRANSACTION ID: XELNY191	TRANS QUANTITY:	7	
TRANSACTION Date	ID: XELNY201 TRANSACTION DESCRIPTION		QUANTITY	AMOUNT
05/07/13 05/22/13		NY	3 1	
	TRANSACTION ID: XELNY201	TRANS QUANTITY:	4	
TRANSACTION DATE	ID: XELNY221 TRANSACTION DESCRIPTION		QUANTITY	AMOUNT
05/20/13	ELIG - MVP IN NEW YORK	· 	3	
	TRANSACTION ID: XELNY221	TRANS QUANTITY:	3	
TRANSACTION DATE	ID: XELZZ011 TRANSACTION DESCRIPTION		QUANTITY	AMOUNT
05/15/13	ELG MEDICARE PART A ELG MEDICARE PART A ELG MEDICARE PART A ELG MEDICARE PART A		1 1 5 1	
	TRANSACTION ID: XELZZ011	TRANS QUANTITY:	8	
TRANSACTION Date	ID: XELZZ271 TRANSACTION DESCRIPTION		QUANTITY	AMOUNT
05/22/13	ELG AETNA/MEDUNITE		1	

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HDX DETAIL BACKUP

PAGE: 2 C/A: Z

ST FRANCIS HOSPITAL 241 NORTH ROAD

REG/CODE: FFS

POUGHKEEPSIE

, NY 12601

CUSTOMER NUMBER: 324285

06/30/2013

============== HDX TRANSACTION DETAIL =======================

TRANSACTION ID: XELZZ271

-----TRANS QUANTITY:

____

APPL TOTAL:

APPLICATION: ELECT. REMIT

TRANSACTION	N ID: XRANY131		
DATE	TRANSACTION DESCRIPTION	QUANTITY	AMOUNT
05 (03 (37	REMITTANCE BILLING - NEW YORK MEDICAID	8	
05/01/13		750	
05/01/13	REMITTANCE BILLING - NEW YORK MEDICALD		
05/06/13	REMITTANCE BILLING - NEW YORK MEDICAID	5	
05/06/13	REMITTANCE BILLING - NEW YORK MEDICAID	744	
05/06/13	REMITTANCE BILLING - NEW YORK MEDICAID	1	
05/08/13	REMITTANCE BILLING - NEW YORK MEDICAID	10	
05/08/13	REMITTANCE BILLING - NEW YORK MEDICAID	1028	
05/13/13	REMITTANCE BILLING - NEW YORK MEDICAID	102	
05/13/13	REMITTANCE BILLING - NEW YORK MEDICAID	1	
05/15/13	REMITTANCE BILLING - NEW YORK MEDICAID	694	
05/15/13	REMITTANCE BILLING - NEW YORK MEDICAID	9	
05/20/13	REMITTANCE BILLING - NEW YORK MEDICAID	35	
05/22/13	REMITTANCE BILLING - NEW YORK MEDICAID	3	
05/27/13	REMITTANCE BILLING - NEW YORK MEDICAID	108	
05/29/13	REMITTANCE BILLING - NEW YORK MEDICAID	458	
05/29/13	REMITTANCE BILLING - NEW YORK MEDICAID	6	
03, 27, 13		=========	
	TRANSACTION ID: XRANY131 TRANS QUANTITY:	3962	

TRANSACTION DATE	ID: XRANY161 TRANSACTION DESCRIPTION	QUANTITY	AMOUNT
05/01/13	REMITTANCE-MVP IN NEW YORK	64	
05/03/13	REMITTANCE-MVP IN NEW YORK	60	
05/06/13	REMITTANCE-MVP IN NEW YORK	105	
05/08/13	REMITTANCE-MVP IN NEW YORK	114	
05/10/13	REMITTANCE-MVP IN NEW YORK	71	

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HDX DETAIL BACKUP

PAGE: 3 C/A: Z

ST	FRANCIS	HOSPITAL
241	NORTH	ROAD

REG/CODE: FFS

, NY 12601 CUSTOMER NUMBER: 324285 POUGHKEEPSIE

06/30/2013

97	IN NEW YORK	REMITTANCE-MVP IN	05/13/13
		REMITTANCE-MVP IN	05/15/13
		REMITTANCE-MVP IN	05/17/13
		REMITTANCE-MVP IN	05/20/13
		REMITTANCE-MVP IN	05/22/13
		REMITTANCE-MVP IN	05/24/13
		REMITTANCE-MVP IN	05/27/13
		REMITTANCE-MVP IN	05/29/13
		REMITTANCE-MVP IN	05/31/13
	211 11211 10111	KEHETTANGE IIII 2.	05/31/13

TRANSACTION ID: XRANY161

1267 TRANS QUANTITY:

TRANSACTION DATE	ID: XRAZZO11 Transaction description	QUANTITY	AMOUNT
05/07/13	ERS MEDICARE	3	
05/08/13	ERS MEDICARE	3	
05/09/13	ERS MEDICARE	2	
05/10/13	ERS MEDICARE	7	
05/14/13	ERS MEDICARE	. 2	
05/15/13	ERS MEDICARE	1	
05/16/13	FRS MEDICARE	2	
05/20/13	ERS MEDICARE	1	
05/22/13	ERS MEDICARE	2	
03/ LL/ 13	END TEDLORICE		

TRANSACTION ID: XRAZZO11

TRANS QUANTITY:

==========

========= APPL TOTAL: 5252 ========== GRAND TOTAL: 5275

Siemens Medical Solutions USA, Inc. **Health Services Division** 51 Valley Stream Parkway, Malvern PA 19355

> JUNE 30, 2013

PAGE 1

CUSTOMER: 324285

MKT REGION: XX ST. FRANCIS HOSPITAL

INVOICE NUMBER: S\$324283060

35 NORTH ROAD

**POUGHKEEPSIE** 

NY 12601

ATTENTION: CONTROLLER

FOR SUPPORT RENDERED: MAY, 2013

SMS REF

DESCRIPTION

CODE

REPORTED DATE TIME **CLOSED** DATE TIME

**CUST REF** 

TYPE

SW

HOURS

ADJ RATE/HR IND

**AMOUNT** 

6582201 NAME: PATRICIA UTTER SUPPL SUPPORT APPROVED BY PATRICIA UTTER

Need the follow reports demanded yes to all libraries: *\$PXIC2, *\$PXOA2, *\$PXIP*\$PXIA2 *\$PXOC2, *\$PXOP2. SCCS

03/18 09:29 05/30 22:06

NOT GIVEN

2.0

190.00

\$380.00

\$380.00 -----

THIS INVOICE DUE IN FULL BY 07/30/13

PLEASE REMIT TO: Siemens Medical Solutions USA Inc. c/o Mellon Bank PO Box 120001 Dept 0733 Dallas TX 75312-0733

OWTY (OUT OF WARRANTY) CAUSE CODE IS INVOICED AT TWO TIMES THE SUPPLEMENTAL SUPPORT RATE.

Siemens Medical Solutions USA, Inc. Health Services Division 51 Valley Stream Parkway, Malvern PA 19355

JUNE

30, 2013

GE 2

CUSTOMER: 324285

324285 MKT REGION: XX ST. FRANCIS HOSPITAL

INVOICE NUMBER: SS324283060

PAGE

SMS REF CODE DESCRIPTION

REPORTED DATE TIME CLOSED DATE TIME

**CUST REF** 

TYPE HOURS

ADJ IND

RATE/HR

AMOUNT

Siemens Medical Solutions USA, Inc. Health Services Division 51 Valley Stream Parkway, Malvern PA 19355

ST. FRANCIS HOSPITAL & HEALTH
45 NORTH ROAD
POUGHKEEPSIE NY 12601

ATTENTION: BETTY HALSTEAD, CONTROLLER

GO GREEN! SWITCH TO PAPERLESS INVOICES WITH EINVOICING - SPREADSHEET FUNCTIONALITY AVAILABLE! GO TO HTTP://www.smed.com/customers/register.asp and follow the registration process. If your organization is registered, your website administrator can grant you access. Sign up for current month email notifications!

Siemens Medical Solutions USA, Inc. Health Services Division 51 Valley Stream Parkway, Malvern PA 19355

324285

FFS

REMITTANCE PAGE

JULY 24, 2013

PAGE 1

ST. FRANCIS HOSPITAL & HEALTH

45 NORTH ROAD POUGHKEEPSIE

NY

12601

ATTENTION: BETTY HALSTEAD, CONTROLLER

INVOICE SUMMARY FOR:

JULY, 2013

INVOICE TYPE

INVOICE NUMBER

INVOICE AMOUNT

AMOUNT PAID

RECURRING INVOICE

0000207578

55,475.93

·____

UTILIZATION INVOICE

0000207581

4,832.16

TOTAL \$60,308.09

Siemens Health Services preferred methods of payment are ACH, EFT and wire transfers. To set up electronic payments email: custacct.healthcare∂siemens.com

Please Remit To:

Siemens Medical Solutions USA Inc. c/o Mellon Bank PO Box 120001 Dept 0733 Dallas TX 75312-0733 United States

Please use the following address for overnight/express mail checks: Siemens Medical Solutions USA Inc. c/o Mellon Bank Lockbox - Dept 890733 1501 North Plano Road Suite 100 Richardson, TX 75081

BILLING INQUIRIES: Heather Moore

(610)448-3368, heather.moore∂siemens.com

THE CUSTOMER IS HEREBY INFORMED THAT SECTION 1128B(B) OF THE SOCIAL SECURITY ACT REQUIRES THAT DISCOUNTS AND OTHER REDUCTIONS IN PRICE OR THE EXISTENCE OF DISCOUNT PROGRAMS BE PROPERLY DISCLOSED AND REFLECTED IN THE COSTS CLAIMED OR CHARGES MADE BY A PROVIDER UNDER MEDICARE OR A STATE HEALTH PROGRAM.

NOTICE: COMPLIANCE WITH LEGAL AND INTERNAL REGULATIONS IS AN INTEGRAL PART OF ALL BUSINESS PROCESSES AT SIEMENS. POSSIBLE INFRINGEMENTS CAN BE REPORTED TO OUR HELPDESK "TELL US" AT WWW.SIEMENS.COM/TELL-US.

Siemens Medical Solutions USA, Inc. Health Services Division 51 Valley Stream Parkway, Malvern PA 19355

324285

FFS

**INVOICE SUMMARY** 

JULY 24, 2013

PAGE 1

ST. FRANCIS HOSPITAL & HEALTH

45 NORTH ROAD POUGHKEEPSIE

NY

12601

ATTENTION: BETTY HALSTEAD, CONTROLLER

INVOICE SUMMARY FOR:

JULY, 2013

RECURRING INVOICE

0000207578

55,475.93

UTILIZATION INVOICE

0000207581

4,832.16

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Please Remit To: Siemens Medical Solutions USA Inc. c/o Mellon Bank PO Box 120001 Dept 0733 Dallas TX 75312-0733 United States

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Siemens Medical Solutions USA, Inc. Health Services Division 51 Valley Stream Parkway, Malvern PA 19355

#### Recurring Invoice

Bill To: ST FRANCIS HOSPITAL Betty Halstead 35 NORTH ROAD POUGHKEEPSIE NY 12601 United States Page: Invoice Number Invoice Date: Customer No. Due Date

1 0000207578 07/24/2013 324285 08/23/2013

Line Fee Description

Invoice Amt

Invoice Subtotals Tax

Customer Reference ID: N/A

RECURRING FEES

1 Invision Applications 33,581.93

Notes: Contract Date: 3/30/2012

Monthly RCO processing and Extended Support Fee Siemens ID: CON10006334-B103

2 Monthly Managed Service Fees 11,486.00

Notes: Contract Date: 3/30/2012 Help desk fees 61/2012 - 5/31/2013 Siemens ID: CON10006334-B105

3 Monthly Managed Service Fees 4,533.00

Notes: Contract Date: 3/30/2012 Monthly ESM Fee 6/1/2012 - 5/31/2013 Siemens ID: CON10006334-B106

SUBTOTAL FOR RECURRING FEES 49,600.93

NETWORKING FEES

4 Wan Fee 5,875.00

Notes: Contract Date: 3/30/2012 Site Type 3A (384k with MIS Backup) Siemens ID: CON10006334-B107

SUBTOTAL FOR NETWORKING FEES

5,875.00

Siemens Medical Solutions USA, Inc. **Health Services Division** 51 Valley Stream Parkway, Malvern PA 19355

#### Recurring Invoice

Bill To: ST FRANCIS HOSPITAL Betty Halstead 35 NORTH ROAD POUGHKEEPSIE NY 12601 United States

Page: Invoice Number Invoice Date: Customer No. Due Date

0000207578 07/24/2013 324285 08/23/2013

Invoice Amount

55,475.93

Please Remit To: Siemens Medical Solutions USA Inc. c/o Mellon Bank PO Box 120001 Dept 0733 Dallas TX 75312-0733 **United States** 

Please use the following address for overnight/express mail checks: Siemens Medical Solutions USA Inc. c/o Mellon Bank Lockbox - Dept 890733 1501 North Plano Road Suite 100 Richardson, TX 75081

Billing inquiries: Heather Moore

610/448-3368, heather.moore@siemens.com

The customer is hereby informed that section 1128B(b) of the Social Security Act requires that discounts and other reductions in price or the existence of discount programs be properly disclosed and reflected in the costs claimed or charges made by a provider under Medicare or a State Health Program.

Notice: Compliance with legal and internal regulations is an integral part of all business processes at Siemens. Possible infringements can be reported to our HelpDesk "Tell us" at www.siemens.com/tell-us.

Line

Fee Description

Invoice Amt Subtotals Tax

Invoice

Pretax Invoice Amount

TOTAL AMOUNT DUE:

55,475.93 55,475.93

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Siemens Medical Solutions USA, Inc. Health Services Division 51 Valley Stream Parkway, Malvern PA 19355

#### Utilization Invoice

Bill To: ST FRANCIS HOSPITAL Betty Halstead 35 NORTH ROAD POUGHKEEPSIE NY 12601 United States Page: Invoice Number Invoice Date: For Services Rendered: Customer No. Due Date

1 0000207581 07/24/2013 06/2013 324285 08/23/2013

Line	Fee Description	Qty	UOM	Rate	Invoice Amt	Invoice Subtotals	Tax
Custom	er Reference ID: N/A						
TRANSA	CTION FEES						
1	HDX Electronic Remittance Siemens ID: CNV324285-00-B123	4,177 -AB368	EA	0.380	1,587.26		
2	HDX Eligibility Transactions Siemens ID: CNV324285-00-Bl23	5 -AB342	EA	0.380	1.90		
		SUBTOTAL F	OR TRA	NSACTION FE	ES	1,589.16	
REPORT	FEES						
3	Patient Acctg. Archive Adhocs See Attached Schedule Notes: Per Amendment Dated 3/2 Monthly Allowance = 100 Siemens ID: CNV324285-00-Bll7	)		30.000	1,740.00		
		SUBTOTAL F	OR REP	ORT FEES		1,740.00	
FORMS	AND MEDIA FEES						
4	Direct Line Services See Attached Schedule Siemens ID: CNV324285-00-B101	-BL012			1,175.00		
		SUBTOTAL F	OR FOR	MS AND MEDI	A FEES	1,175.00	
EQUIPN	MENT MAINTENANCE FEES						
5	Printer Maintenance See Attached Schedule Siemens ID: CNV324285-00-B114	-F₩001			328.00		

SUBTOTAL FOR EQUIPMENT MAINTENANCE FEES

328.00

Siemens Medical Solutions USA, Inc. Health Services Division 51 Valley Stream Parkway, Malvern PA 19355

#### Utilization Invoice

Bill To:

ST FRANCIS HOSPITAL Betty Halstead 35 NORTH ROAD POUGHKEEPSIE NY 12601 United States Page: Invoice Number Invoice Date: For Services Rendered: Customer No. Due Date 2 0000207581 07/24/2013 06/2013 324285 08/23/2013

Invoice Amount

\$

4,832.16

Please Remit To: Siemens Medical Solutions USA Inc. c/o Mellon Bank PO Box 120001 Dept 0733 Dallas TX 75312-0733 United States

Please use the following address for overnight/express mail checks: Siemens Medical Solutions USA Inc. c/o Mellon Bank Lockbox - Dept 890733 1501 North Plano Road Suite 100 Richardson, TX 75081

Billing inquiries: Heather Moore

610/448-3368, heather.moore@siemens.com

The customer is hereby informed that section 1128B(b) of the Social Security Act requires that discounts and other reductions in price or the existence of discount programs be properly disclosed and reflected in the costs claimed or charges made by a provider under Medicare or a State Health Program.

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Invoice
Line Fee Description Qty UOM Rate Invoice Amt Subtotals Tax

Pretax Invoice Amount

TOTAL AMOUNT DUE:

\$ 4,832.16

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		1	DIRECT LINE SERVICES	SUMMARY			
ST FRANCIS	HOSPITAL		REG/CODE: FFS			JULY 24, 2013	
241 NORTH F	CAO						
POUGHKEEPS:	(E	NY 12601	CUSTOMER NUMBER:	32428-5		PAGE	1
TYPE: MASTER	RFILE						
				NUMBER	TAPE	TAPE	SHIPPING
DATE	TIME	DESCRIPTION		REELS	NUMBER	CHARGE	CHARGE
06/05/13	2:60:36	DAILY MHH F	ILE VIA FTP		FE6166	175.00	0.00
06/05/13	2:55:20	MONTHLY TCC	AND REVGRO PROCESS		FE6072	400.00	0.00
06/15/13	7:20:65	CBHV REV TC	C SVC FEE		FM1339	600.00	0.00
				GRA	ND TOTAL	\$1175.00	\$0.00

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HC=F REGION=FS

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ST FRANCIS HOSPITAL

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ST FRANCIS HOSPITAL

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TOTAL 158

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-			SMS PRINTSTATION MAINTENANCE DETAIL	DATE: JULY	24, 2013	
ST FRANCI	S HOSPITAL		CODE/REG: FFS	PAGE: 1		
241 NORTH	ROAD					
POUGHKEEP	SIE	, NY 12601	CUSTOMER NUMBER: 324285			
SIEMENS P	RINTSTATION	MAINTENANCE FOR T	HE PERIOD: 05/01/13 - 05/31/13			
QUANTITY	MODEL	DESCRIPTION	FUNCTION	MONTHLY RATE	AMOUNT	
1	6400-15	IBM 6415 Linepri	nter		164.00	164
1	6400-15	IBM 6415 Linepri	nter		164.00	164
				SUB-TOTAL:	\$328.00	
				TOTAL:	\$328.00	

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HDX DETAIL BACKUP

PAGE: 1 C/A: Z

ST FRANCIS HOSE 241 NORTH ROAD POUGHKEEPSIE	, NY 12601	REG/CODE: FFS  CUSTOMER NUMBER: 324285  ( TRANSACTION	D E T A I L =========	07/24/2013
APPLICATION: EL	IGIBILITY			
TRANSACTION Date	ID: XELNY201 TRANSACTION DESCRIPTION		QUANTITY	AMOUNT
06/13/13	ELIG - EMPIRE BLUE CROSS		2	

06/03/13

REMITTANCE BILLING - NEW YORK MEDICAID

150

LICATION: E	LIGIBILITY			
DATE	ID: XELNY201 TRANSACTION DESCRIPTION		QUANTITY	AMOUN
 06/13/13	ELIG - EMPIRE BLUE CROSS BLUE SHIELD		2	
	TRANSACTION ID: XELNY201	TRANS QUANTITY:	2	
	ID: XELNY221		all New York	44401101
DATE	TRANSACTION DESCRIPTION		QUANTITY	AMOUN'
06/11/13	ELIG - MVP IN NEW YORK	==	1	
	TRANSACTION ID: XELNY221	TRANS QUANTITY:	1	
TRANSACTION DATE	ID: XELPA291 TRANSACTION DESCRIPTION		QUANTITY	AMOUN
06/04/13	ELG - AARP		1	
	TRANSACTION ID: XELPA291	TRANS QUANTITY:	1	
TRANSACTION DATE	ID: XELZZO11 TRANSACTION DESCRIPTION		QUANTITY	AMOUN
06/04/13	ELG MEDICARE PART A		1	
	TRANSACTION ID: XELZZ011	TRANS QUANTITY:	1	
			=======================================	
LICATION: E	LECT, REMIT	APPL TOTAL:	5	
TRANSACTION DATE	ID: XRANY131 TRANSACTION DESCRIPTION		QUANTITY	AMOUN'

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HDX DETAIL BACKUP

PAGE: 2 C/A: Z

ST	FRANCIS	HOSPITAL
241	NORTH	ROAD
POL	<b>JGHKEEPS</b>	IE

REG/CODE: FFS

241 NORTH ROAD POUGHKEEPSIE	, NY 12601	CUSTOMER NUMBE	R: 324285		07/24/2013
	H D :	TRANSA	CTION DI	E T A I L =======	
06/05/13	REMITTANCE BILLING - NE	YORK MEDICAID		6	
06/05/13	REMITTANCE BILLING - NE	YORK MEDICAID		489	
06/10/13	REMITTANCE BILLING - NE	YORK MEDICAID		276	
06/12/13	REMITTANCE BILLING - NE	YORK MEDICAID		524	
06/12/13	REMITTANCE BILLING - NE	YORK MEDICAID		3	
06/17/13	REMITTANCE BILLING - NE	YORK MEDICAID		91	
06/17/13	REMITTANCE BILLING - NE	YORK MEDICAID		1	
06/19/13	REMITTANCE BILLING - NE	YORK MEDICAID		553	
06/19/13	REMITTANCE BILLING - NE	YORK MEDICAID		11	
06/24/13	REMITTANCE BILLING - NE	YORK MEDICAID		116	
06/24/13	REMITTANCE BILLING - NE	YORK MEDICAID		3	
06/26/13	REMITTANCE BILLING - NE	YORK MEDICAID		763	
06/26/13	REMITTANCE BILLING - NE	YORK MEDICAID		7	
			:		
	TRANSACTION ID: XRANY1	31 T	RANS QUANTITY:	2993	
DATE	TRANSACTION DESCRIPTION			QUANTITY	AMOUNT
07 107 177	DENTITANCE MUD IN NEW V	NDIV		109	
06/03/13	REMITTANCE-MVP IN NEW Y			120	
06/05/13	REMITTANCE-MVP IN NEW Y			87	
06/07/13	REMITTANCE-MVP IN NEW Y			162	
06/10/13 06/12/13	REMITTANCE-MVP IN NEW Y			112	
06/14/13	REMITTANCE-MVP IN NEW Y			92	
06/17/13	REMITTANCE-MVP IN NEW Y			97	
06/19/13	REMITTANCE-MVP IN NEW Y			63	
06/24/13	REMITTANCE-MVP IN NEW Y			72	
06/26/13	REMITTANCE-MVP IN NEW Y			92	
06/28/13	REMITTANCE-MVP IN NEW Y			82	
06/20/13	RENTITIANCE THAT IN INCH IS	ZKK	•		
	TRANSACTION ID: XRANYL	41 T	RANS QUANTITY:	1088	
	IRANSACIIUN ID: ARANII	ο <b>τ</b> ι	RANS WOANTITT:	1000	
TRANSACTION	ID: XRAZZ011				
DATE	TRANSACTION DESCRIPTION			QUANTITY	AMOUNT
06/21/13	ERS MEDICARE			64	

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HDX DETAIL BACKUP

PAGE: 3 C/A: Z

ST FRANCIS HOSPITAL 241 NORTH ROAD REG/CODE: FFS

POUGHKEEPSIE , NY 12601

CUSTOMER NUMBER: 324285

07/24/2013

 06/21/13
 ERS MEDICARE
 9

 06/24/13
 ERS MEDICARE
 9

 06/24/13
 ERS MEDICARE
 1

 06/26/13
 ERS MEDICARE
 1

 06/27/13
 ERS MEDICARE
 12

TRANSACTION ID: XRAZZO11 TRANS QUANTITY:

APPL TOTAL: 4177

GRAND TOTAL: 4182

Siemens Medical Solutions USA, Inc. Health Services Division 51 Valley Stream Parkway, Malvern PA 19355

ST. FRANCIS HOSPITAL & HEALTH
241 NORTH ROAD
POUGHKEEPSIE NY 12601

ATTENTION: ACCOUNTS PAYABLE

GO GREEN! SWITCH TO PAPERLESS INVOICES WITH EINVOICING - SPREADSHEET FUNCTIONALITY AVAILABLE! GO TO HTTP://www.smed.com/customers/register.asp and follow the registration process. If your organization is registered, your website administrator can grant you access. Sign up for current month email notifications!

Siemens Medical Solutions USA, Inc. Health Services Division 51 Valley Stream Parkway, Malvern PA 19355

324285

FFS

REMITTANCE PAGE

AUGUST 21, 2013

PAGE 1

ST. FRANCIS HOSPITAL & HEALTH 241 NORTH ROAD

POUGHKEEPSIE

NY

12601

ATTENTION: ACCOUNTS PAYABLE

INVOICE SUMMARY FOR:

AUGUST, 2013

INVOICE TYPE

INVOICE NUMBER

**INVOICE AMOUNT** 

AMOUNT PAID

_____

. . . . . .

51,153.97

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RECURRING INVOICE

0000209323

5,800.62

UTILIZATION INVOICE

0000209319

-

TOTAL

\$56,954.59

Siemens Health Services preferred methods of payment are ACH, EFT and wire transfers. To set up electronic payments email: custacct.healthcare3siemens.com

Please Remit To:

Siemens Medical Solutions USA Inc.

c/o Mellon Bank

PO Box 120001 Dept 0733

Dallas TX 75312-0733

United States

Please use the following address for overnight/express mail checks: Siemens Medical Solutions USA Inc. c/o Mellon Bank Lockbox - Dept 890733 1501 North Plano Road Suite 100 Richardson, TX 75081

BILLING INQUIRIES: Heather Moore

(610)448-3368, heather.moore@siemens.com

THE CUSTOMER IS HEREBY INFORMED THAT SECTION 1128B(B) OF THE SOCIAL SECURITY ACT REQUIRES THAT DISCOUNTS AND OTHER REDUCTIONS IN PRICE OR THE EXISTENCE OF DISCOUNT PROGRAMS BE PROPERLY DISCLOSED AND REFLECTED IN THE COSTS CLAIMED OR CHARGES MADE BY A PROVIDER UNDER MEDICARE OR A STATE HEALTH PROGRAM.

NOTICE: COMPLIANCE WITH LEGAL AND INTERNAL REGULATIONS IS AN INTEGRAL PART OF ALL BUSINESS PROCESSES AT SIEMENS. POSSIBLE INFRINGEMENTS CAN BE REPORTED TO OUR HELPDESK "TELL US" AT WWW.SIEMENS.COM/TELL-US.

Siemens Medical Solutions USA, Inc. Health Services Division 51 Valley Stream Parkway, Malvern PA 19355

324285

FFS

**INVOICE SUMMARY** 

AUGUST 21, 2013

PAGE 1

ST. FRANCIS HOSPITAL & HEALTH

241 NORTH ROAD POUGHKEEPSIE

NY

12601

ATTENTION: ACCOUNTS PAYABLE

**INVOICE SUMMARY FOR:** 

AUGUST, 2013

RECURRING INVOICE

0000209323

51,153.97

UTILIZATION INVOICE

0000209319

5,800.62

Siemens Health Services preferred methods of payment are ACH, EFT and wire transfers. To set up electronic payments email: custacct.healthcare@siemens.com

Please Remit To:

Siemens Medical Solutions USA Inc. c/o Mellon Bank PO Box 120001 Dept 0733 Dallas TX 75312-0733 United States

Please use the following address for overnight/express mail checks: Siemens Medical Solutions USA Inc. c/o Mellon Bank Lockbox - Dept 890733 1501 North Plano Road Suite 100 Richardson, TX 75081

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Siemens Medical Solutions USA, Inc. Health Services Division 51 Valley Stream Parkway, Malvern PA 19355

#### Recurring Invoice

Bill To: ST FRANCIS HOSPITAL Betty Halstead 35 NORTH ROAD POUCHKEEPSIE NY 12601 United States Page: Invoice Number Invoice Date: Customer No. Due Date

1 0000209323 08/21/2013 324285 09/20/2013

Line Fee Description

Invoice Invoice Amt Subtotals Tax

Customer Reference ID: N/A

**RECURRING FEES** 

1 Invision Applications 29,259.97

Notes: Contract Date: 3/30/2012 Monthly RCO processing and Extended Support Fee Siemens ID: CON10006334-B103

2 Monthly Managed Service Fees 11,486.00

Notes: Contract Date: 3/30/2012 Help desk fees 61/2012 - 5/31/2013 Siemens ID: CON10006334-B105

3 Monthly Managed Service Fees 4,533.00

Notes: Contract Date: 3/30/2012 Monthly ESM Fee 6/1/2012 - 5/31/2013 Siemens ID: CON10006334-B106

SUBTOTAL FOR RECURRING FEES 45,278.97

NETWORKING FEES

4 Wan Fee 5,875.00

Notes: Contract Date: 3/30/2012 Site Type 3A (384k with MIS Backup) Siemens ID: CON10006334-B107

SUBTOTAL FOR NETWORKING FEES

5,875.00

Siemens Medical Solutions USA, Inc. Health Services Division 51 Valley Stream Parkway, Malvern PA 19355

#### Recurring Invoice

Bill To: ST FRANCIS HOSPITAL Betty Halstead 35 NORTH ROAD POUGHKEEPSIE NY 12601 United States Page: Invoice Number Invoice Date: Customer No. Due Date

2 0000209323 08/21/2013 324285 09/20/2013

Invoice Amount

51,153.97

Please Remit To: Siemens Medical Solutions USA Inc. c/o Mellon Bank PO Box 120001 Dept 0733 Dallas TX 75312-0733 United States

Please use the following address for overnight/express mail checks: Siemens Medical Solutions USA Inc. c/o Mellon Bank Lockbox - Dept 890733 1501 North Plano Road Suite 100 Richardson, TX 75081

Billing inquiries: Heather Moore

610/448-3368, heather.moore@siemens.com

The customer is hereby informed that section 1128B(b) of the Social Security Act requires that discounts and other reductions in price or the existence of discount programs be properly disclosed and reflected in the costs claimed or charges made by a provider under Medicare or a State Health Program.

Notice: Compliance with legal and internal regulations is an integral part of all business processes at Siemens. Possible infringements can be reported to our HelpDesk "Tell us" at www.siemens.com/tell-us.

Line

Fee Description

Invoice Invoice Amt Subtotals Tax

Pretax Invoice Amount

51,153.97 ------\$ 51,153.97

TOTAL AMOUNT DUE :

_____

Siemens Medical Solutions USA, Inc. Health Services Division 51 Valley Stream Parkway, Malvern PA 19355

#### Utilization Invoice

Bill To: ST FRANCIS HOSPITAL Betty Halstead 35 NORTH ROAD POUGHKEEPSIE NY 12601 United States Page: Invoice Number Invoice Date: For Services Rendered: Customer No. Due Date 1 0000209319 08/21/2013 07/2013 324285 09/20/2013

Invoice UOM Invoice Amt Subtotals Tax Rate Fee Description Qty Line Customer Reference ID: N/A TRANSACTION FEES 2,317.62 6,099 0.380 HDX Electronic Remittance EΑ Siemens ID: CNV324285-00-B123-AB368 2,317.62 SUBTOTAL FOR TRANSACTION FEES REPORT FEES 1,980.00 30,000 EΑ Patient Acctg. Archive Adhocs 66 See Attached Schedule

Notes: Per Amendment Dated 3/27/08; Section 8
Monthly Allowance = 100
Siemens ID: CNV324285-00-Bl17-SC403

SUBTOTAL FOR REPORT FEES

FORMS AND MEDIA FEES

Direct Line Services 1,175.00 See Attached Schedule Siemens ID: CNV324285-00-B101-BL012

SUBTOTAL FOR FORMS AND MEDIA FEES 1,175.00

**EQUIPMENT MAINTENANCE FEES** 

4 Printer Maintenance See Attached Schedule Siemens ID: CNV324285-00-Bll4-FW00l 328.00

SUBTOTAL FOR EQUIPMENT MAINTENANCE FEES

328.00

1,980.00

Siemens Medical Solutions USA, Inc. Health Services Division 51 Valley Stream Parkway, Malvern PA 19355

#### Utilization Invoice

Bill To:

ST FRANCIS HOSPITAL Betty Halstead 35 NORTH ROAD POUGHKEEPSIE NY 12601 United States Page:

Invoice Number
Invoice Date:
For Services Rendered:
Customer No.
Due Date

2 0000209319 08/21/2013 07/2013 324285

09/20/2013

Invoice Amount

5,800.62

Please Remit To: Siemens Medical Solutions USA Inc. c/o Mellon Bank PO Box 120001 Dept 0733

Dallas TX 75312-0733 United States

Please use the following address for overnight/express mail checks: Siemens Medical Solutions USA Inc. c/o Mellon Bank Lockbox - Dept 890733 1501 North Plano Road Suite 100 Richardson, TX 75081

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Fee Description

Line

Qty UOM

Rate

Invoice Amt

Invoice Subtotals Tax

Pretax Invoice Amount

5,800.62 ----\$ \$ 5,800.62

TOTAL AMOUNT DUE :

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GRAND TOTAL

\$1175.00

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\$0.00

ST FRANCIS			11	REG/CODE: FFS	SUMMARY	AUG	UST 21, 2013	
241 NORTH F	Œ	NY	12601	CUSTOMER NUMBER:	32428-5		PAGE 1	
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07/05/13	2:68:40	DAI	LY MHH FI	LE VIA FTP		FE6348	175.00	0.00
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ST FRANCIS HOSPITAL

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ST FRANCIS HOSPITAL

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ST FRANCIS HOSPITAL

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*\$PXRPT6 001 07/20/13 16:17 2600 389 0 0 R001F0FS *\$PXRPT7 001 07/20/13 16:17 2600 141 0 0 R001F0FS *\$PXRPT3 001 07/21/13 16:23 2600 3 0 0 R001F0FS *\$PXRPT5 001 07/21/13 16:23 2600 378 0 0 R001F0FS *\$PXRPT6 001 07/21/13 16:23 2600 389 0 0 R001F0FS *\$PXRPT7 001 07/21/13 16:23 2600 141 0 0 R001F0FS *\$PXRPT7 001 07/22/13 16:24 2600 9 0 R001F0FS			001	07/20/13	16:17	2600	378	0	0	R001F0FS
*\$PXRPT7 001 07/20/13 16:17 2600 141 0 0 R001F0FS *\$PXRPT3 001 07/21/13 16:23 2600 3 0 0 R001F0FS *\$PXRPT5 001 07/21/13 16:23 2600 378 0 0 R001F0FS *\$PXRPT6 001 07/21/13 16:23 2600 389 0 0 R001F0FS *\$PXRPT7 001 07/21/13 16:23 2600 141 0 0 R001F0FS *\$PXRPT7 001 07/22/13 16:24 2600 9 0 R001F0FS			001	07/20/13	16:17	2600	389	0	0	R001F0FS
*\$PXRPT3 001 07/21/13 16:23 2600 3 0 0 R001F0FS *\$PXRPT5 001 07/21/13 16:23 2600 378 0 0 R001F0FS *\$PXRPT6 001 07/21/13 16:23 2600 389 0 0 R001F0FS *\$PXRPT7 001 07/21/13 16:23 2600 141 0 0 R001F0FS *\$PXNORP 001 07/22/13 16:24 2600 9 0 0 R001F0FS		*\$PXRPT7	001	07/20/13	16:17	2600	141	0	0	R001F0FS
*\$PXRPT5 001 07/21/13 16:23 2600 378 0 0 R001F0FS *\$PXRPT6 001 07/21/13 16:23 2600 389 0 0 R001F0FS *\$PXRPT7 001 07/21/13 16:23 2600 141 0 0 R001F0FS *\$PXNORP 001 07/22/13 16:24 2600 9 0 0 R001F0FS			001	07/21/13	16:23	2600	3	0	0	R001F0FS
*\$PXRPT6 001 07/21/13 16:23 2600 389 0 0 R001F0FS *\$PXRPT7 001 07/21/13 16:23 2600 141 0 0 R001F0FS *\$PXNORP 001 07/22/13 16:24 2600 9 0 0 R001F0FS			001	07/21/13	16:23	2600	378	0	0	R001F0FS
*\$PXRPT7 001 07/21/13 16:23 2600 141 0 0 R001F0FS *\$PXNORP 001 07/22/13 16:24 2600 9 0 0 R001F0FS			001	07/21/13	16:23	2600	389	0 .	0	R001F0FS
*\$PXNORP 001 07/22/13 16:24 2600 9 0 0 R001F0FS			001	07/21/13	16:23	2600	141	0	0	R001F0FS
***************************************						2600		0	0	ROO1FOFS
		*\$PXRPT3	001	07/22/13	16:24	2600	4	0	0	R001F0FS

## 13-37725-cgm Doc 284-1 Filed 02/11/14 Entered 02/11/14 15:24:03 Exhibit Health Services Invoices Pg 76 of 126

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ST FRANCIS HOSPITAL

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	ARCHIVE	ADHOCS	
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## 13-37725-cgm Doc 284-1 Filed 02/11/14 Entered 02/11/14 15:24:03 Exhibit Health Services Invoices Pg 77 of 126

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ST FRANCIS HOSPITAL

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	*\$PXRPT6	001	07/30/13	16:13	2600	389	0	0	R001F0FS
	*\$PXRPT7	001	07/30/13	16:13	2600	141	0	0	R001F0FS
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	*\$PXRPT5	001	07/31/13	16:26	2600	356	0	0	R001F0FS
	*\$PXRPT6	001	07/31/13	16:26	2600	389	0	0	R001F0FS
	*\$PXRPT7	001	07/31/13	16:26	2600	141	0	0	R001F0FS

TOTAL 166

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ST FRANCIS		SMS PRINTSTATION MAINTENANC CODE/REG: FFS	E DETAIL DATE: AUGUST PAGE: 1	31, 2013	
POUGHKEEPS	SIE	, NY 12601 CUSTOMER NUMBER: 324285 MAINTENANCE FOR THE PERIOD: 07/01/13 - 07/31/ DESCRIPTION FUNCTION	MONTHLY RATE	AMOUNT	
1	6400-15 6400-15	IBM 6415 Lineprinter IBM 6415 Lineprinter	SUB-TOTAL: Total:	164.00 164.00 \$328.00 \$328.00	164 164

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HDX DETAIL BACKUP

PAGE: 1 C/A: Z

ST FRANCIS HOSPITAL 241 NORTH ROAD REG/CODE: FFS

POUGHKEEPSIE , NY 12601

CUSTOMER NUMBER: 324285

08/21/2013

HEREFELENBERGE HOX TRANSACTION DETAIL -----

APPLICATION: ELECT. REMIT

TRANSACTION	ID: XRANY131		
DATE	TRANSACTION DESCRIPTION	QUANTITY	AMOUNT
	++=======		
07/01/13	REMITTANCE BILLING - NEW YORK MEDICAID	100	
07/03/13	REMITTANCE BILLING - NEW YORK MEDICAID	631	
07/03/13	REMITTANCE BILLING - NEW YORK MEDICAID	6	
07/08/13	REMITTANCE BILLING - NEW YORK MEDICAID	531	
07/10/13	REMITTANCE BILLING - NEW YORK MEDICAID	785	
07/10/13	REMITTANCE BILLING - NEW YORK MEDICALD	14	
07/15/13	REMITTANCE BILLING - NEW YORK MEDICALD	84	
07/18/13	REMITTANCE BILLING - NEW YORK MEDICAID	845	
07/18/13	REMITTANCE BILLING - NEW YORK MEDICAID	7	
07/22/13	REMITTANCE BILLING - NEW YORK MEDICAID	140	
07/24/13	REMITTANCE BILLING - NEW YORK MEDICAID	716	
07/24/13	REMITTANCE BILLING - NEW YORK MEDICAID	4	
07/29/13	REMITTANCE BILLING - NEW YORK MEDICAID	222	
07/31/13	REMITTANCE BILLING - NEW YORK MEDICAID	814	
07/31/13	REMITTANCE BILLING - NEW YORK MEDICALD	7	
		=========	

TRANSACTION ID: XRANY131

TRANS QUANTITY:

4906

TRANSACTION DATE	N ID: XRANY161 Transaction description	QUANTITY	AMOUNT
07/01/13	REMITTANCE-MVP IN NEW YORK	74	
07/03/13	REMITTANCE-MVP IN NEW YORK	63	
07/05/13	REMITTANCE-MVP IN NEW YORK	111	
07/08/13	REMITTANCE-MVP IN NEW YORK	35	
07/10/13	REMITTANCE-MVP IN NEW YORK	87	
07/12/13	REMITTANCE-MVP IN NEW YORK	149	
07/15/13	REMITTANCE-MVP IN NEW YORK	95	
07/18/13	REMITTANCE-MVP IN NEW YORK	66	
07/19/13	REMITTANCE-MVP IN NEW YORK	68	
07/22/13	REMITTANCE-MVP IN NEW YORK	97	
07/24/13	REMITTANCE-MVP IN NEW YORK	73	
07/26/13	REMITTANCE-MVP IN NEW YORK	113	
07/29/13	REMITTANCE-MVP IN NEW YORK	56	

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ST FRANCIS HOSPITAL 241 NORTH ROAD

REG/CODE: FFS

POUGHKEEPSIE

, NY 12601 CUSTOMER NUMBER: 324285

08/21/2013

REMITTANCE-MVP IN NEW YORK 07/31/13

36

TRANSACTION ID: XRANY161

TRANS QUANTITY:

1123

TRANSACTION DATE	N ID: XRAZZO11 TRANSACTION DESCRIPTION	QUANTITY AMOU	JNT
07/08/13	ERS MEDICARE	11	
07/08/13	ERS MEDICARE	1	
07/15/13	ERS MEDICARE	7	
07/18/13	ERS MEDICARE	20	
07/19/13	ERS MEDICARE	1	
07/22/13	ERS MEDICARE	7	
07/24/13	ERS MEDICARE	6	
07/25/13	ERS MEDICARE	4	
07/26/13	ERS MEDICARE	8	
07/29/13	ERS MEDICARE	3	
07/30/13	ERS MEDICARE	1	
07/31/13	ERS MEDICARE	1	

TRANSACTION ID: XRAZZ011

TRANS QUANTITY:

70

APPL TOTAL:

GRAND TOTAL:

6099

____

Siemens Medical Solutions USA, Inc. Health Services Division 51 Valley Stream Parkway, Malvern PA 19355

> AUGUST 21, 2013

PAGE 1

CUSTOMER: 324285

MKT REGION: XX

INVOICE NUMBER: SS324283080

ST. FRANCIS HOSPITAL

35 NORTH ROAD

POUGHKEEPSIE

NY 12601

ATTENTION: CONTROLLER

FOR SUPPORT RENDERED: JULY, 2013

SMS REF CODE

DESCRIPTION

REPORTED

CLOSED DATE TIME

**CUST REF** 

TYPE HOURS

ADJ IND

**AMOUNT** 

SUPPL SUPPORT APPROVED BY PATRICA UTTER

6679815 NAME: PATRICIA UTTER SUPPL SUPPORT APPROVI SCCS Please demand adhoc **PXSEAR using all libraries (YYYYY)

06/11 10:43

DATE TIME

07/22 16:39 NOT GIVEN SW 1.0 190.00

RATE/HR

\$190.00

\$190.00

THIS INVOICE DUE IN FULL BY 09/20/13

PLEASE REMIT TO: Siemens Medical Solutions USA Inc. c/o Mellon Bank PO Box 120001 Dept 0733 Dallas TX 75312-0733

OWTY (OUT OF WARRANTY) CAUSE CODE IS INVOICED AT TWO TIMES THE SUPPLEMENTAL SUPPORT RATE.

Siemens Medical Solutions USA, Inc. Health Services Division 51 Valley Stream Parkway, Malvern PA 19355

**AUGUST** 

21, 2013

2

CUSTOMER: 324285

MKT REGION: XX ST. FRANCIS HOSPITAL

INVOICE NUMBER: SS324283080

PAGE

SMS REF

DESCRIPTION

REPORTED DATE TIME

CODE

CLOSED DATE TIME

CUST REF

TYPE

HOURS

ADJ RATE/HR IND

**AMOUNT** 

Siemens Medical Solutions USA, Inc. Health Services Division 51 Valley Stream Parkway, Malvern PA 19355

ST. FRANCIS HOSPITAL & HEALTH
241 NORTH ROAD
POUGHKEEPSIE NY 12601

ATTENTION: ACCOUNTS PAYABLE

GO GREEN! SWITCH TO PAPERLESS INVOICES WITH EINVOICING - SPREADSHEET FUNCTIONALITY AVAILABLE! GO TO HTTP://www.smed.com/customers/register.asp and follow the registration process. If your organization is registered, your website administrator can grant you access. Sign up for current month email notifications!

Siemens Medical Solutions USA, Inc. Health Services Division 51 Valley Stream Parkway, Malvern PA 19355

324285

FFS

REMITTANCE PAGE

SEPTEMBER 25, 2013

PAGE 1

ST. FRANCIS HOSPITAL & HEALTH

241 NORTH ROAD POUGHKEEPSIE

NY

12601

ATTENTION: ACCOUNTS PAYABLE

INVOICE SUMMARY FOR:

SEPTEMBER, 2013

INVOICE TYPE

INVOICE NUMBER

INVOICE AMOUNT

AMOUNT PAID

RECURRING INVOICE

0000210549

49,467.65

UTILIZATION INVOICE

0000210535

6,142.04

TOTAL

\$55,609.69

_____

Siemens Health Services preferred methods of payment are ACH, EFT and wire transfers. To set up electronic payments email: custacct.healthcare3siemens.com

Please Remit To:

Siemens Medical Solutions USA Inc. c/o Mellon Bank PO Box 120001 Dept 0733 Dallas TX 75312-0733 United States

Please use the following address for overnight/express mail checks: Siemens Medical Solutions USA Inc. c/o Mellon Bank Lockbox - Dept 890733 1501 North Plano Road Suite 100 Richardson, TX 75081

BILLING INQUIRIES: Heather Moore

(610)448-3368, heather.moore@siemens.com

THE CUSTOMER IS HEREBY INFORMED THAT SECTION 1128B(B) OF THE SOCIAL SECURITY ACT REQUIRES THAT DISCOUNTS AND OTHER REDUCTIONS IN PRICE OR THE EXISTENCE OF DISCOUNT PROGRAMS BE PROPERLY DISCLOSED AND REFLECTED IN THE COSTS CLAIMED OR CHARGES MADE BY A PROVIDER UNDER MEDICARE OR A STATE HEALTH PROGRAM.

NOTICE: COMPLIANCE WITH LEGAL AND INTERNAL REGULATIONS IS AN INTEGRAL PART OF ALL BUSINESS PROCESSES AT SIEMENS. POSSIBLE INFRINGEMENTS CAN BE REPORTED TO OUR HELPDESK "TELL US" AT WWW.SIEMENS.COM/TELL-US.

Siemens Medical Solutions USA, Inc. Health Services Division 51 Valley Stream Parkway, Malvern PA 19355

324285

**FFS** 

**INVOICE SUMMARY** 

SEPTEMBER 25, 2013

PAGE 1

ST. FRANCIS HOSPITAL & HEALTH

241 NORTH ROAD POUGHKEEPSIE

NY

12601

ATTENTION: ACCOUNTS PAYABLE

**INVOICE SUMMARY FOR:** 

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0000210549

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Siemens Medical Solutions USA, Inc. Health Services Division 51 Valley Stream Parkway, Malvern PA 19355

#### Recurring Invoice

Bill To: ST FRANCIS HOSPITAL Betty Halstead 35 NORTH ROAD POUGHKEEPSIE NY 12601 United States Page: Invoice Number Invoice Date: Customer No. Due Date

Invoice Amt

29,259.97

9,799.68

0000210549 09/25/2013 324285 10/25/2013

Line Fee Description

Customer Reference ID: N/A

RECURRING FEES

1 Invision Applications

Notes: Contract Date: 3/30/2012 Monthly RCO processing and Extended Support Fee Siemens ID: CON10006334-B103

2 Monthly Managed Service Fees

Notes: Contract Date: 3/30/2012 Help desk fees 61/2012 - 5/31/2013 Siemens ID: CON10006334-B105

3 Monthly Managed Service Fees

Notes: Contract Date: 3/30/2012 Monthly ESM Fee 6/1/2012 - 5/31/2013 Siemens ID: CON10006334-B106 4,533.00

5,875.00

SUBTOTAL FOR RECURRING FEES

43,592.65

Invoice

Subtotals Tax

NETWORKING FEES

4 Wan Fee

Notes: Contract Date: 3/30/2012 Site Type 3A (384k with MIS Backup) Siemens ID: CON10006334-B107

SUBTOTAL FOR NETWORKING FEES

5,875.00

Siemens Medical Solutions USA, Inc. Health Services Division 51 Valley Stream Parkway, Malvern PA 19355

#### Recurring Invoice

Bill To: ST FRANCIS HOSPITAL Betty Halstead 35 NORTH ROAD POUGHKEEPSIE NY 12601 United States

Page: Invoice Number Invoice Date: Customer No. Due Date

0000210549 09/25/2013 324285 10/25/2013

Invoice Amount

49,467.65

Please Remit To: Siemens Medical Solutions USA Inc. c/o Mellon Bank PO Box 120001 Dept 0733 Dallas TX 75312-0733 United States

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Billing inquiries: Heather Moore

610/448-3368, heather.moore@siemens.com

The customer is hereby informed that section 1128B(b) of the Social Security Act requires that discounts and other reductions in price or the existence of discount programs be properly disclosed and reflected in the costs claimed or charges made by a provider under Medicare or a State Health Program.

Notice: Compliance with legal and internal regulations is an integral part of all business processes at Siemens. Possible infringements can be reported to our HelpDesk "Tell us" at www.siemens.com/tell-us.

Line

Fee Description

Invoice Amt Subtotals Tax

Invoice

Pretax Invoice Amount

TOTAL AMOUNT DUE:

49,467.65

49,467.65 _____

Siemens Medical Solutions USA, Inc. Health Services Division 51 Valley Stream Parkway, Malvern PA 19355

See Attached Schedule

Siemens ID: CNV324285-00-B114-FW001

#### Utilization Invoice

Bill To: ST FRANCIS HOSPITAL Betty Halstead 35 NORTH ROAD POUGHKEEPSIE NY 12601 United States Page: Invoice Number Invoice Date: For Services Rendered: Customer No. Due Date

1 0000210535 09/25/2013 08/2013 324285 10/25/2013

Invoice MOU Subtotals Tax Rate Invoice Amt Line Fee Description Customer Reference ID: N/A TRANSACTION FEES 4,639.04 HDX Electronic Remittance 0.380 1 12,208 ΕA Siemens ID: CNV324285-00-B123-AB368 SUBTOTAL FOR TRANSACTION FEES 4,639.04 FORMS AND MEDIA FEES 1,175.00 Direct Line Services See Attached Schedule Siemens ID: CNV324285-00-B101-BL012 SUBTOTAL FOR FORMS AND MEDIA FEES 1,175.00 **EQUIPMENT MAINTENANCE FEES** 328.00 Printer Maintenance

SUBTOTAL FOR EQUIPMENT MAINTENANCE FEES

328.00

Siemens Medical Solutions USA, Inc. Health Services Division 51 Valley Stream Parkway, Malvern PA 19355

#### Utilization Invoice

Bill To: ST FRANCIS HOSPITAL Betty Halstead 35 NORTH ROAD

35 NORTH ROAD
POUGHKEEPSIE NY 12601
United States

Page: Invoice Number Invoice Date: For Services Rendered: Customer No. Due Date 2 0000210535 09/25/2013 08/2013 324285 10/25/2013

Invoice Amount

6,142.04

Please Remit To: Siemens Medical Solutions USA Inc. c/o Mellon Bank PO Box 120001 Dept 0733 Dallas TX 75312-0733 United States

Please use the following address for overnight/express mail checks: Siemens Medical Solutions USA Inc. c/o Mellon Bank Lockbox - Dept 890733 1501 North Plano Road Suite 100 Richardson, TX 75081

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Invoice
Line Fee Description Qty UOM Rate Invoice Amt Subtotals Tax

Pretax Invoice Amount

TOTAL AMOUNT DUE:

\$ 6,142.04

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		D	RECT LINE SERVICES	SUMMARY			
ST FRANCIS	HOSPITAL		REG/CODE: FFS		SEPTE	MBER 25, 2013	
241 NORTH I							
POUGHKEEPS:		NY 12601	CUSTOMER NUMBER:	32428-5		PAGE 1	
TYPE: MASTE	R FILE						
				NUMBER	TAPE	TAPE	SHIPPING
DATE	TIME	DESCRIPTION		REELS	NUMBER	CHARGE	CHARGE
08/05/13	2:54:80	MONTHLY TCC	AND REVGRO PROCESS		FE6434	400.00	0.00
08/05/13	2:58:99	DAILY MHH FI	LE VIA FTP		FE6524	175.00	0.00
08/19/13	4:02:80	CBHV REV TCC	SVC FEE		FM1349	600.00	0.00
				GRA	ND TOTAL	\$1175.00	\$0.00

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ADHRPT 09/30/13 11:41:37

MONTHLY REPORT LIST

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ST FRANCIS HOSPITAL

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	*\$PXIC		08/02/13	16:49	2600	4	Ö	Ö	R001F0FS
	*\$PXIP		08/02/13	16:49	2600	9	0	0	R001F0FS
	*\$PXMCR		08/02/13	16:49	2600	3	Ö	Ö	ROO1FOFS
	*\$PXOA		08/02/13	16:49	2600	58	Ŏ	Ŏ	ROOIFOFS
	*\$PXOC		08/02/13	16:49	2600	4	Ö	Ö	ROO1FOFS
	*\$PXOP		08/02/13	16:49	2600	35	Ö	Ō	ROO1FOFS
	*\$PXREA		08/02/13	16:49	2600	3	ŏ	Ö	ROO1FOFS
	*\$PXSC6	001	08/02/13	16:49	2600	4	Ö	Ŏ	ROO1FOFS
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ST FRANCIS HOSPITAL

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<<< PA ARCHIVE ADHOCS >>>

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	*\$PXPUSH	001	08/11/13	16:22	2600	194	0	0	R001F0FS	
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13-37725-cgm Doc 284-1 Filed 02/11/14 Entered 02/11/14 15:24:03 Exhibit Health Services Invoices Pg 93 of 126

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ST FRANCIS HOSPITAL

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<<< PA ARCHIVE ADHOCS >>>

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PAGE

ST FRANCIS HOSPITAL

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TOTAL

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ST FRANCIS	S HOSPITAL	s	SMS PRINTSTATION MAINTENANCE DETAIL CODE/REG: FFS	DATE: SEPTEMBE Page: 1	R 25, 2013	
POUGHKEEP:	SIE	, NY 12601 MAINTENANCE FOR THI DESCRIPTION	CUSTOMER NUMBER: 324285 E PERIOD: 07/01/13 - 07/31/13 FUNCTION	MONTHLY RATE	AMOUNT	
1	6400-15 6400-15	IBM 6415 Lineprin		SUB-TOTAL: Total:	164.00 164.00 \$328.00 \$328.00	164 164

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HDX DETAIL BACKUP

PAGE: 1 C/A: Z

ST	FRANCIS	HOSPITAL
241	NORTH	ROAD

08/01/13 ERS MEDICARE

REG/CODE: FFS

41 NORTH ROAD			
DUGHKEEPSIE	, NY 12601 CUSTOME	R NUMBER: 324285	09/25/2013
:========	======== H D X T R A	NSACTION DETAIL =	
PPLICATION: E	ELECT. REMIT		
	ID: XRANY131 TRANSACTION DESCRIPTION	QUANTI	
08/05/13			
	REMITTANCE BILLING - NEW YORK ME		
08/07/13			•
08/12/13			
08/14/13			i i
08/14/13	REMITTANCE BILLING - NEW YORK ME	DICAID 10)
08/20/13			,
08/21/13		DICAID 8106	ı
08/21/13	REMITTANCE BILLING - NEW YORK ME	DICAID 15	,
08/26/13	REMITTANCE BILLING - NEW YORK ME	DICAID 2	
08/26/13		DICAID 202	
08/28/13	REMITTANCE BILLING - NEW YORK ME	DICAID 795	ı
08/28/13	REMITTANCE BILLING - NEW YORK ME		
		555555555	
	TRANSACTION ID: XRANY131	TRANS QUANTITY: 10903	,
TRANSACTION	ID: XRANY161		
	TRANSACTION DESCRIPTION	QUANTI	TY AMOUNT
08/02/13	REMITTANCE-MVP IN NEW YORK	143	•
08/07/13	REMITTANCE-MVP IN NEW YORK	47	•
08/08/13	REMITTANCE-MVP IN NEW YORK	66)
08/09/13	REMITTANCE-MVP IN NEW YORK	86	
08/12/13	REMITTANCE-MVP IN NEW YORK	202	
08/14/13	REMITTANCE-MVP IN NEW YORK	82	
08/16/13	REMITTANCE-MVP IN NEW YORK	81	
08/19/13	REMITTANCE-MVP IN NEW YORK	114	
08/21/13	REMITTANCE-MVP IN NEW YORK	103	
08/23/13		82	
08/26/13		59	
08/28/13	REMITTANCE-MVP IN NEW YORK	115	
08/30/13	REMITTANCE-MVP IN NEW YORK	91 =========	
	TRANSACTION ID: XRANY161	TRANS QUANTITY: 1271	
TRANSACTION	N ID: XRAZZO11		
DATE	TRANSACTION DESCRIPTION	QUANTI	TY AMOUNT

7

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HDX DETAIL BACKUP

PAGE: 2 C/A: Z

ST FRANCIS HOS		REG/CODE: FFS	
POUGHKEEPSIE	, NY 12601	CUSTOMER NUMBER: 324285	09/25/2013
===========	:========	X TRANSACTION	DETAIL
			.
08/05/13	ERS MEDICARE		5
08/06/13	ERS MEDICARE		9
08/06/13	ERS MEDICARE		1
08/08/13	ERS MEDICARE		1
08/12/13	ERS MEDICARE		2
08/14/13	ERS MEDICARE		1
08/15/13	ERS MEDICARE		1
08/20/13	ERS MEDICARE		1
08/23/13	ERS MEDICARE		2
08/28/13	ERS MEDICARE		2
08/29/13	ERS MEDICARE		2

TRANSACTION ID: XRAZZ011

APPL TOTAL: 12208 ========== GRAND TOTAL: 12208 ==========

TRANS QUANTITY:

34

Siemens Medical Solutions USA, Inc. Health Services Division 51 Valley Stream Parkway, Malvern PA 19355

ST. FRANCIS HOSPITAL & HEALTH
241 NORTH ROAD
POUGHKEEPSIE NY 12601

ATTENTION: ACCOUNTS PAYABLE

GO GREEN! SWITCH TO PAPERLESS INVOICES WITH EINVOICING - SPREADSHEET FUNCTIONALITY AVAILABLE! GO TO HTTP://www.smed.com/customers/register.asp and follow the registration process. If your organization is registered, your website administrator can grant you access. Sign up for current month email notifications!

Siemens Medical Solutions USA, Inc. Health Services Division 51 Valley Stream Parkway, Malvern PA 19355

324285

FFS

REMITTANCE PAGE

NOVEMBER 20, 2013

PAGE 1

ST. FRANCIS HOSPITAL & HEALTH

241 NORTH ROAD POUGHKEEPSIE

NY

12601

ATTENTION: ACCOUNTS PAYABLE

INVOICE SUMMARY FOR:

NOVEMBER, 2013

INVOICE TYPE

INVOICE NUMBER

INVOICE AMOUNT

AMOUNT PAID

RECURRING INVOICE

0000212757

49,367.48

UTILIZATION INVOICE

0000212768

3,499.14

TOTAL \$52,866.62

Siemens Health Services preferred methods of payment are ACH, EFT and wire transfers. To set up electronic payments email: custacct.healthcare@siemens.com

Please Remit To:

Siemens Medical Solutions USA Inc. c/o Mellon Bank PO Box 120001 Dept 0733 Dallas TX 75312-0733 United States

Please use the following address for overnight/express mail checks: Siemens Medical Solutions USA Inc. c/o Mellon Bank Lockbox - Dept 890733 1501 North Plano Road Suite 100 Richardson, TX 75081

BILLING INQUIRIES: Heather Moore

(610)448-3368, heather.moore@siemens.com

THE CUSTOMER IS HEREBY INFORMED THAT SECTION 1128B(B) OF THE SOCIAL SECURITY ACT REQUIRES THAT DISCOUNTS AND OTHER REDUCTIONS IN PRICE OR THE EXISTENCE OF DISCOUNT PROGRAMS BE PROPERLY DISCLOSED AND REFLECTED IN THE COSTS CLAIMED OR CHARGES MADE BY A PROVIDER UNDER MEDICARE OR A STATE HEALTH PROGRAM.

NOTICE: COMPLIANCE WITH LEGAL AND INTERNAL REGULATIONS IS AN INTEGRAL PART OF ALL BUSINESS PROCESSES AT SIEMENS. POSSIBLE INFRINGEMENTS CAN BE REPORTED TO OUR HELPDESK "TELL US" AT WHW.SIEMENS.COM/TELL-US.

Siemens Medical Solutions USA, Inc. Health Services Division 51 Valley Stream Parkway, Malvern PA 19355

324285

FFS

INVOICE SUMMARY

NOVEMBER 20, 2013

PAGE 1

ST. FRANCIS HOSPITAL & HEALTH

241 NORTH ROAD POUGHKEEPSIE

NY

12601

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Siemens Medical Solutions USA, Inc. **Health Services Division** 51 Valley Stream Parkway, Malvern PA 19355

Recurring Invoice

Bill To: ST FRANCIS HOSPITAL Betty Halstead 35 NORTH ROAD POUGHKEEPSIE NY 12601 United States

Page: Invoice Number Invoice Date: Customer No. Due Date

0000212757 11/20/2013 324285 12/20/2013

Line

Fee Description

Invoice Amt Subtotals Tax

Invoice

Customer Reference ID: N/A

RECURRING FEES

Invision Applications

29,059.92

Notes: Contract Date 3/30/2012 Monthly RCO Processing and Extended Support Fee

Siemens ID: CON10006334-B108

Monthly Managed Service Fees

9,799.68

Notes: Contract Date: 3/30/2012

Help desk fees 61/2012 - 5/31/2013

Siemens ID: CON10006334-B105

Monthly Managed Service Fees

4,533.00

Notes: Contract Date: 3/30/2012

Monthly ESM Fee 6/1/2012 - 5/31/2013

Siemens ID: CON10006334-B106

SUBTOTAL FOR RECURRING FEES 43,392.60

NETWORKING FEES

Wan Fee

5,974.88

Notes: Contract Date: 3/30/2012

Site Type 3A (384k with MIS Backup)

Siemens ID: CON10006334-B107

SUBTOTAL FOR NETWORKING FEES

5,974.88

Siemens Medical Solutions USA, Inc. Health Services Division 51 Valley Stream Parkway, Malvern PA 19355

Recurring Invoice

Bill To: ST FRANCIS HOSPITAL Betty Halstead 35 NORTH ROAD POUGHKEEPSIE NY 12601 United States Page: Invoice Number Invoice Date: Customer No. Due Date 2 0000212757 11/20/2013 324285 12/20/2013

Invoice Amount

49,367.48

Please Remit To: Siemens Medical Solutions USA Inc. c/o Mellon Bank PO Box 120001 Dept 0733 Dallas TX 75312-0733 United States

Please use the following address for overnight/express mail checks: Siemens Medical Solutions USA Inc. c/o Mellon Bank Lockbox - Dept 890733 1501 North Plano Road Suite 100 Richardson, TX 75081

Billing inquiries: Heather Moore

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The customer is hereby informed that section 1128B(b) of the Social Security Act requires that discounts and other reductions in price or the existence of discount programs be properly disclosed and reflected in the costs claimed or charges made by a provider under Medicare or a State Health Program.

Notice: Compliance with legal and internal regulations is an integral part of all business processes at Siemens. Possible infringements can be reported to our HelpDesk "Tell us" at www.siemens.com/tell-us.

Line

Fee Description

Invoice Invoice Amt Subtotals Tax

49,367.48

Pretax Invoice Amount

\$ 49,367.48

TOTAL AMOUNT DUE :

Siemens Medical Solutions USA, Inc. Health Services Division 51 Valley Stream Parkway, Malvern PA 19355

Utilization Invoice

Bill To: ST FRANCIS HOSPITAL Betty Halstead 35 NORTH ROAD POUGHKEEPSIE NY 12601 United States Page: Invoice Number Invoice Date: For Services Rendered: Customer No. Due Date

1,175.00

328,00

1 0000212768 11/20/2013 10/2013 324285 12/20/2013

Invoice Line Fee Description UOM Rate Invoice Amt Subtotals Tax Customer Reference ID: N/A TRANSACTION FEES 1,996.14 HDX Electronic Remittance 5,253 EA 0.380 Siemens ID: CNV324285-00-B123-AB368 SUBTOTAL FOR TRANSACTION FEES 1,996.14 FORMS AND MEDIA FEES

2 Direct Line Services 1,175.00
See Attached Schedule
Siemens ID: CNV324285-00-B101-BL012

SUBTOTAL FOR FORMS AND MEDIA FEES

EQUIPMENT MAINTENANCE FEES

Printer Maintenance 328.00 See Attached Schedule Siemens ID: CNV324285-00-B114-FW001

SUBTOTAL FOR EQUIPMENT MAINTENANCE FEES

Siemens Medical Solutions USA, Inc. Health Services Division 51 Valley Stream Parkway, Malvern PA 19355

Utilization Invoice

Bill To: ST FRANCIS HOSPITAL Betty Halstead 35 NORTH ROAD POUGHKEEPSIE NY 12601 United States

United States

Page: Invoice Number Invoice Date: For Services Rendered: Customer No. Due Date

Invoice Amount

2 0000212768 11/20/2013 10/2013 324285 12/20/2013

3,499.14

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Invoice
Line Fee Description Qty UOM Rate Invoice Amt Subtotals Tax

Pretax Invoice Amount

TOTAL AMOUNT DUE:

\$ 3,499.14

13-37725-cgm Doc 284-1 Filed 02/11/14 Entered 02/11/14 15:24:03 Exhibit Health Services Invoices Pg 105 of 126

			DIRE	CT LINE SI		SUMMARY	Manus			
ST FRANCIS				REG/CODE	: FFS		NUVI	EMBER 20, 2013		
241 NORTH ! POUGHKEEPS: TYPE: MASTE	Œ	NY 12	2601	CUSTOMER	NUMBER:	32428-5		PAGE	1	
ITE: NASIE	(FILE					NUMBE	R TAPE	TAPE		SHIPPING
DATE	TIME	DESC	RIPTION			REELS	NUMBER	CHARGE		CHARGE
10/05/13	2:61:68	DAILY	Y MHH FILE	VIA FTP			FE6870	175.00		0.00
10/05/13	2:55:86	MONT	HLY TCC AND	REVGRO PI	ROCESS		FE6780	400.00		0.00
10/15/13	7:20:24	CBHV	REV TCC SV	C FEE			FM1355	600.00		0.00
						G	RAND TOTAL	\$1175.00		\$0.00
										=========

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ADHRPT 11/20/13 10:53:32 MONTHLY REPORT LIST

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ST FRANCIS HOSPITAL

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	*\$PXBKRP	001	10/02/13	16:48	2600	49	0	0	R001F0FS
	*\$PXBPAP		10/02/13	16:48	2600	3	0	0	R001F0FS
	**PXCDRT	001	10/02/13	16:48	2600	4	0	0	R001F0FS
	*\$PXIA	••-	10/02/13	16:48	2600	21	0	0	R001F0FS
	*\$PXIC		10/02/13	16:48	2600	4	0	0	R001F0FS
	*\$PXIP		10/02/13	16:48	2600	8	0	0	R001F0FS
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	*\$PXRPT3	001	10/02/13	16:48	2600	16	0	0	R001F0FS
• • • • •	*\$PXOP	001	10/02/13	16:48	2600	38	0	0	R001F0FS
	*\$PXREA		10/02/13	16:48	2600	3	Ô	0	R001F0FS
	*\$PXSC6	001	10/02/13	16:48	2600	10	0	0	R001F0FS
• • • • •	*\$PXXFER	***	10/02/13	16:48	2600	284	0	0	R001F0FS
• • • •	*\$PXRPT3	001	10/03/13	16:30	2600	23	Ŏ	Ô	R001F0FS
• • • •	*\$PXRPT3	001	10/04/13	16:26	2600	24	Ŏ	Ó	R001F0FS
• • • •	*\$PXRPT3	001	10/05/13	16:14	2600	11	Ŏ	Ŏ	R001F0FS
	*\$PXRPT3	001	10/06/13	16:10	2600	3	ŏ	Ŏ	R001F0FS

13-37725-cgm Doc 284-1 Filed 02/11/14 Entered 02/11/14 15:24:03 Exhibit Health Services Invoices Pg 107 of 126

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PAGE 2

ST FRANCIS HOSPITAL

HC=F REGION=FS

<<< PA ARCHIVE ADHOCS >>>

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	*\$PXRPT3	001	10/09/13	16:26	2600	8	0	0	R001F0FS
	*\$PXRPT3	001	10/10/13	16:22	2600	19	0	0	R001F0FS
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	*\$PXIC2	001	10/16/13	16:28	2600	3	0	0	R001F0FS
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	*\$PXOA2	001	10/16/13	16:28	2600	38	0	0	R001F0FS
	*\$PX0C2	001	10/16/13	16:28	2600	4	0	0	ROO1FOFS
	*\$PXOP2	001	10/16/13	16:28	2600	33	Ŏ	Ó	ROO1FOFS

13-37725-cgm Doc 284-1 Filed 02/11/14 Entered 02/11/14 15:24:03 Exhibit Health Services Invoices Pg 108 of 126

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ST FRANCIS HOSPITAL

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<<< PA ARCHIVE ADHOCS >>>

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	*\$PXNORP	001	10/28/13	16:24	2600	9	0	0	R001F0FS

TOTAL 46

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_			SMS PRINTSTATION MAINTENANCE DETAIL	DATE: NOVEMBER	20, 2013	
ST FRANCIS	HOSPITAL		CODE/REG: FFS	PAGE: 1		
241 NORTH	ROAD					
POUGHKEEPS	SIE	, NY 12601	CUSTOMER NUMBER: 324285			
SIEMENS PR	RINTSTATION	MAINTENANCE FOR TH	E PERIOD: 09/01/13 - 09/30/13			
QUANTITY	MODEL	DESCRIPTION	FUNCTION	MONTHLY RATE	AMOUNT	
1	6400-15	IBM 6415 Lineprin	nter .		164.00	164
1	6400-15	IBM 6415 Lineprin	nter .		164.00	164
				SUB-TOTAL:	\$328.00	
				TOTAL:	\$328.00	

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HDX DETAIL BACKUP

PAGE: 1 C/A: Z

ST FRANCIS HOSPITAL 241 NORTH ROAD REG/CODE: FFS

POUGHKEEPSIE		CUSTOMER NUMBER: 324	285	11/20/2013
:::::::::::::::::::::::::::::::::::::::	:====== H D X	TRANSACTI	ON DETAIL ======	
APPLICATION: E	LECT. REMIT			
TRANSACTION	I ID: XRANY131	•		
DATE	TRANSACTION DESCRIPTION		QUANTITY	AMOUNT
10/02/13	REMITTANCE BILLING - NEW		717	
10/02/13	REMITTANCE BILLING - NEW		16	
10/07/13	REMITTANCE BILLING - NEW		196	
10/09/13	REMITTANCE BILLING - NEW		708	
10/09/13	REMITTANCE BILLING - NEW		9	
10/14/13	REMITTANCE BILLING - NEW		89	
10/14/13	REMITTANCE BILLING - NEW		1	
10/16/13	REMITTANCE BILLING - NEW		8	
10/16/13	REMITTANCE BILLING - NEW		814	
10/21/13	REMITTANCE BILLING - NEW		84	
10/23/13	REMITTANCE BILLING - NEW		6	
10/23/13	REMITTANCE BILLING - NEW		602	
10/28/13	REMITTANCE BILLING - NEW		158	
10/30/13	REMITTANCE BILLING - NEW		723	
10/30/13	REMITTANCE BILLING - NEW	YORK MEDICAID	6	
	TRANSACTION ID: XRANY13	1 TRANS Q	UANTITY: 4137	
TOANCACTTO	ID: XRANY161			
DATE	TRANSACTION DESCRIPTION		QUANTITY	AMOUNT
DAIC	IRANSACITON DESCRIPTION		dovutati.	
			70	

TRANSACTION	ID: XRANY161			
DATE	TRANSACTION DESCRIPTION		QUANTITY	AMOUNT
10/02/13	REMITTANCE-MVP IN NEW YORK		79	
10/04/13	REMITTANCE-MVP IN NEW YORK		92	
10/07/13	REMITTANCE-MVP IN NEW YORK		132	
10/09/13	REMITTANCE-MVP IN NEW YORK		82	
10/11/13	REMITTANCE-MVP IN NEW YORK		78	
10/14/13	REMITTANCE-MVP IN NEW YORK		80	
10/16/13	REMITTANCE-MVP IN NEW YORK		107	
10/24/13	REMITTANCE-MVP IN NEW YORK		228	
10/25/13	REMITTANCE-MVP IN NEW YORK		87	
10/28/13	REMITTANCE-MVP IN NEW YORK		79	
10/30/13	REMITTANCE-MVP IN NEW YORK		65	
	•••••••••••••••••••••••••••••••	===	=======	
	TRANSACTION ID: XRANY161	TRANS QUANTITY:	1109	

TRANSACTION DATE	ID: XRAZZO11 TRANSACTION DESCRIPTION	QUANTITY	AMOUNT
10/07/13	ERS MEDICARE	1	

13-37725-cgm Doc 284-1 Filed 02/11/14 Entered 02/11/14 15:24:03 Exhibit Health Services Invoices Pg 111 of 126

HDX DETAIL BACKUP

PAGE: 2 C/A: Z

ST FRANCIS HOSPITAL 241 NORTH ROAD REG/CODE: FFS

POUGHKEEPSIE

, NY 12601

CUSTOMER NUMBER: 324285

11/20/2013

10/08/13 ERS MEDICARE 10/10/13 ERS MEDICARE 10/11/13 ERS MEDICARE 10/16/13 ERS MEDICARE 10/22/13 ERS MEDICARE 1 1 1 2 1

TRANSACTION ID: XRAZZ011

TRANS QUANTITY:

7

APPL TOTAL:

5253

GRAND TOTAL:

5253

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INVOICE

INVOICE NUMBER	139011864
INVOICE DATE	11/27/2013
CUSTOMER NO.	10182
OUR REFERENCE NO.	120005433
DISTRICT	12

51 Valley Stream Parkway, Malvern PA 19355

Siemens Medical Solutions USA, Inc.

INVOICE ENCLOSED

BILL TO: ST FRANCIS HOSPITAL ATTN ACCTS PAYABLE 241 NORTH RD POUGHKEEPSIE NY 12601 SHIP TO:

ST FRANCIS HOSPITAL ATTN ACCTS PAYABLE 241 NORTH RD POUGHKEEPSIE NY 12601

IKM Contract Information						
PO Number:	1304111011	Date:	04/11/2013			
Amendment Number:	N.A	Date:				
Contract Signed By:	Jeanie Adams	Date:	04/11/2013			

PAGE 1 of 2

	INVOICE							
ITEM	QTY	UNIT	DESCRIPTION	CONTRACT VALUE	AMOUNT DUE			
			Project Id: IKM-01-001020 Description: St. Francis Hospital PSR					
0010	1.00	Pcs	PSR 130411101101 Lanier wt Pwscrb (T&M) Milestone: Completion Milestone percentage Rate: 100.00 % IKM-01-001020-06 - Project Mgmt Hours FF	16,416.00	16,416.00 16,416.00			
			TAX INVOICE TOTAL		16,416.00			
			Replace Lanier with PowerScribe					
	reduct made	ons by a	mer is hereby informed that section 1128B(b) of the Social Security Act recipion price or existence of discount programs be properly disclosed and reflewant provider under Medicare or a State Health Program. DIRECT ANY INQUIRIES REGARDING THIS BILLING TO: Siemens Medical Solutions USA, Inc. 1-800-888-SIEM (or 7436)	uires that discoun cted in the costs o	ts and other laimed or charges			

TERMS OF PAYMENT

Net 30 Days

PLEASE REMIT TO:
Siemens Medical Solutions USA, Inc., PO Box 120001 - Dept. 0733, DALLAS, TX 75312-0733

PAST DUE INVOICES ARE SUBJECT TO A SERVICE CHARGE OF 11/2% PER MONTH, NOT TO EXCEED THE MAXIMUM RATE ALLOWED BY LAW. GOODS SENT PURSUANT TO THIS INVOICE HAVE BEEN CAREFULLY CHECKED AND SAFELY PACKED. NO RETURN OF MECHANDISE WILL BE ACCEPTED UNLESS PREVIOUSLY APPROVED BY SIEMENS MEDICAL SOLUTIONS USA, INC. EQUIPMENT ORDERED IN COLORS OTHER THAN STANDARD COLORS CANNOT BE CHANGED WITHOUT PRIOR WRITTEN CONSENT OF SIEMENS MEDICAL SOLUTIONS USA, INC. ALL MERCHANDISE REMAINS THE PROPERTYOF SIEMENS MEDICAL SOLUTIONS USA, INC. UNTIL PAID FOR IN FULL. CLAIMS MUST BE MADE WITHIN SEVEN (7) DAYS AFTER RECEIPT OF SHIPMENT. ALL SALES SUBJECT TO SIEMENS MEDICAL SOLUTIONS USA, INC. TERMS AND CONDITIONS OF SALE AS SET FORTH ON THE FACE AND BACK HEREOF.

Siemens Medical Solutions USA, Inc. 51 Valley Stream Parkway, Malvern PA 19355

Health Services Invoices Pg 113 of 126

13-37725-cgm Doc 284-1 Filed 02/11/14 Entered 02/11/14 15:24:03 Exhibit INVOICE

INVOICE NUMBER	139011864
INVOICE DATE	11/27/2013
CUSTOMER NO.	10182
OUR REFERENCE NO.	120005433
DISTRICT	12

BILL TO: ST FRANCIS HOSPITAL ATTN ACCTS PAYABLE 241 NORTH RD POUGHKEEPSIE NY 12601 SHIP TO: ST FRANCIS HOSPITAL ATTN ACCTS PAYABLE 241 NORTH RD POUGHKEEPSIE NY 12601

PAGE 2 of 2

IKM Contract Information							
PO Number:	1304111011	Date:	04/11/2013				
Amendment Number:	N.A	Date:					
Contract Signed By:	Jeanie Adams	Date:	04/11/2013				

	INVOICE								
ITEM	QTY	UNIT	DESCRIPTION	CONTRACT VALUE	AMOUNT DUE				
			ATTN: IKM Project Office helpikminvoice.healthcare@siemens.com 110 MacAlyson Ct Cary, NC 27511-6495 TEL. 800-888-SIEM						
				·					

TERMS OF PAYMENT

Net 30 Days

PLEASE REMIT TO: Siemens Medical Solutions USA, Inc., PO Box 120001 - Dept. 0733, DALLAS, TX 75312-0733

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Siemens Medical Solutions USA, Inc. Health Services Division 51 Valley Stream Parkway, Malvern PA 19355

ST. FRANCIS HOSPITAL & HEALTH
241 NORTH ROAD
POUGHKEEPSIE NY 12601

ATTENTION: ACCOUNTS PAYABLE

GO GREEN! SWITCH TO PAPERLESS INVOICES WITH EINVOICING - SPREADSHEET FUNCTIONALITY AVAILABLE! GO TO HTTP://www.smed.com/customers/register.asp and follow the registration process. If your organization is registered, your website administrator can grant you access. Sign up for current month email notifications!

Siemens Medical Solutions USA, Inc. Health Services Division 51 Valley Stream Parkway, Malvern PA 19355

324285

FFS

REMITTANCE PAGE

DECEMBER 23, 2013

PAGE 1

ST. FRANCIS HOSPITAL & HEALTH

241 NORTH ROAD POUGHKEEPSIE

NY

12601

ATTENTION: ACCOUNTS PAYABLE

INVOICE SUMMARY FOR:

DECEMBER, 2013

INVOICE TYPE

INVOICE NUMBER

INVOICE AMOUNT

AMOUNT PAID

RECURRING INVOICE

0000214072

48,308.40

---- ----

UTILIZATION INVOICE

0000214074

3,588.44

TOTAL

\$51,896.84

Siemens Health Services preferred methods of payment are ACH, EFT and wire transfers. To set up electronic payments email: custacct.healthcare∂siemens.com

Please Remit To:

Siemens Medical Solutions USA Inc. c/o Mellon Bank PO Box 120001 Dept 0733 Dallas TX 75312-0733 United States

Please use the following address for overnight/express mail checks: Siemens Medical Solutions USA Inc. c/o Mellon Bank Lockbox - Dept 890733 1501 North Plano Road Suite 100 Richardson, TX 75081

BILLING INQUIRIES: Heather Moore

(610)448-3368, heather.moore@siemens.com

THE CUSTOMER IS HEREBY INFORMED THAT SECTION 1128B(B) OF THE SOCIAL SECURITY ACT REQUIRES THAT DISCOUNTS AND OTHER REDUCTIONS IN PRICE OR THE EXISTENCE OF DISCOUNT PROGRAMS BE PROPERLY DISCLOSED AND REFLECTED IN THE COSTS CLAIMED OR CHARGES MADE BY A PROVIDER UNDER MEDICARE OR A STATE HEALTH PROGRAM.

NOTICE: COMPLIANCE WITH LEGAL AND INTERNAL REGULATIONS IS AN INTEGRAL PART OF ALL BUSINESS PROCESSES AT SIEMENS. POSSIBLE INFRINGEMENTS CAN BE REPORTED TO OUR HELPDESK "TELL US" AT WWW.SIEMENS.COM/TELL-US.

Siemens Medical Solutions USA, Inc. Health Services Division 51 Valley Stream Parkway, Malvern PA 19355

324285

FFS

INVOICE SUMMARY

DECEMBER 23, 2013

PAGE 1

ST. FRANCIS HOSPITAL & HEALTH

241 NORTH ROAD POUGHKEEPSIE

NY

12601

ATTENTION: ACCOUNTS PAYABLE

INVOICE SUMMARY FOR:

DECEMBER, 2013

RECURRING INVOICE

0000214072

48,308.40

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Siemens Medical Solutions USA, Inc. Health Services Division 51 Valley Stream Parkway, Malvern PA 19355

Recurring Invoice

Bill To: ST FRANCIS HOSPITAL Betty Halstead 35 NORTH ROAD POUGHKEEPSIE NY 12601 United States

Page: Invoice Number Invoice Date: Customer No. Due Date

Invoice Amt

29,059.92

8,740.60

4,533.00

5,974.88

0000214072 12/23/2013 324285 01/22/2014

Line

Fee Description

Customer Reference ID: N/A

RECURRING FEES

Invision Applications

Notes: Contract Date 3/30/2012 Monthly RCO Processing and Extended Support Fee

Siemens ID: CON10006334-B108

Monthly Managed Service Fees

Notes: Contract Date: 3/30/2012

Help desk fees 6/1/2013 - May 31, 2013 Base Number of Events = 685

Siemens ID: CON10006334-B105

Monthly Managed Service Fees

Notes: Contract Date: 3/30/2012 Monthly ESM Fee 6/1/2012 - 5/31/2013

Siemens ID: CON10006334-B106

SUBTOTAL FOR RECURRING FEES

42,333.52

Invoice Subtotals Tax

NETWORKING FEES

Wan Fee Notes: Contract Date: 3/30/2012

Site Type 3A (384k with MIS Backup)

Siemens ID: CON10006334-B107

SUBTOTAL FOR NETWORKING FEES

5,974.88

Siemens Medical Solutions USA, Inc. **Health Services Division** 51 Valley Stream Parkway, Malvern PA 19355

Recurring Invoice

Bill To: ST FRANCIS HOSPITAL Betty Halstead 35 NORTH ROAD POUGHKEEPSIE NY 12601 United States

Page: Invoice Number Invoice Date: Customer No. Due Date

0000214072 12/23/2013 324285 01/22/2014

Invoice Amount

48,308.40

Please Remit To: Siemens Medical Solutions USA Inc. c/o Mellon Bank PO Box 120001 Dept 0733 Dallas TX 75312-0733 United States

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The customer is hereby informed that section 1128B(b) of the Social Security Act requires that discounts and other reductions in price or the existence of discount programs be properly disclosed and reflected in the costs claimed or charges made by a provider under Medicare or a State Health Program.

Notice: Compliance with legal and internal regulations is an integral part of all business processes at Siemens. Possible infringements can be reported to our HelpDesk "Tell us" at www.siemens.com/tell-us.

Line

Fee Description

Invoice Amt Subtotals Tax

Invoice

Pretax Invoice Amount

48,308.40

TOTAL AMOUNT DUE :

48,308.40

Siemens Medical Solutions USA, Inc. Health Services Division 51 Valley Stream Parkway, Malvern PA 19355

Utilization Invoice

Bill To: ST FRANCIS HOSPITAL Betty Halstead 35 NORTH ROAD POUGHKEEPSIE NY 12601 United States Page: Invoice Number Invoice Date: For Services Rendered: Customer No. Due Date 1 0000214074 12/23/2013 11/2013 324285 01/22/2014

328.00

Invoice Subtotals Tax MOU Invoice Amt Rate Line Fee Description Qty Customer Reference ID: N/A TRANSACTION FEES 2,085.44 5,488 FΔ 0.380 HDX Electronic Remittance Siemens ID: CNV324285-00-B123-AB368 2,085.44 SUBTOTAL FOR TRANSACTION FEES FORMS AND MEDIA FEES 1,175.00

2 Direct Line Services 1 See Attached Schedule Siemens ID: CNV324285-00-B101-BL012

SUBTOTAL FOR FORMS AND MEDIA FEES 1,175.00

EQUIPMENT MAINTENANCE FEES

Printer Maintenance 328.00
See Attached Schedule
Siemens ID: CNV324285-00-B114-FW001

SUBTOTAL FOR EQUIPMENT MAINTENANCE FEES

Siemens Medical Solutions USA, Inc. Health Services Division 51 Valley Stream Parkway, Malvern PA 19355

Utilization Invoice

Bill To: ST FRANCIS HOSPITAL Betty Halstead 35 NORTH ROAD POUGHKEEPSIE NY 12601 United States Page:
Invoice Number
Invoice Date:
For Services Rendered:
Customer No.
Due Date

Invoice Amount

2 0000214074 12/23/2013 11/2013 324285 01/22/2014

3,588.44

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Invoice
Line Fee Description Qty UOM Rate Invoice Amt Subtotals Tax

Pretax Invoice Amount

TOTAL AMOUNT DUE:

\$ 3,588.44

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				DIRECT LINE SI	RVICES	SUMMARY			
ST FRANCIS	HOSPITAL			REG/CODE	: FFS		DECE	MBER 23, 2013	
241 NORTH I POUGHKEEPS: TYPE: MASTEI	IE	NY	12601	CUSTOMER	NUMBER:	32428-5		PAGE	1
IILE: MASIE	K FILL					NUMBER	TAPE	TAPE	SHIPPING
DATE	TIME	DE	SCRIPTION	ON		REELS	NUMBER	CHARGE	CHARGE
11/05/13	2:64:72	DA	ILY MHH	FILE VIA FTP			FE7044	175.00	0.00
11/05/13	2:57:16	MO	NTHLY T	CC AND REVGRO PI	ROCESS		FE6954	400.00	0.00
11/15/13	7:20:24	CB	HV REV	TCC SVC FEE			FM1358	600.00	0.00
						GR/	ND TOTAL	\$1175.00	\$0.00

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ST FRANCIS HOSPITAL

HC=F REGION=FS

<<< PA ARCHIVE ADHOCS >>>

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	*\$PXBPAP		11/02/13	16:33	2600	3	0	0	R001F0FS
	*\$PXCDRT	001	11/02/13	16:33	2600	4	0	0	R001F0FS
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• • • •	* SPXNORP	001	11/04/13	16:33	2600	9	0	0	R001F0FS
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ADHRPT 12/23/13 11:37:57 MONTHLY REPORT LIST

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ST FRANCIS HOSPITAL

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ST FRANCIS 241 NORTH		SMS PRINTSTATION MAINTENANCE DETAIL CODE/REG: FFS	DATE: DECEMBER PAGE: 1	23, 2013	
POUGHKEEPS	IE	, NY 12601 CUSTOMER NUMBER: 324285 MAINTENANCE FOR THE PERIOD: 09/01/13 - 09/30/13 DESCRIPTION FUNCTION	MONTHLY RATE	AMOUNT	
1	6400-15 6400-15	IBM 6415 Lineprinter IBM 6415 Lineprinter	SUB-TOTAL: Total:	164.00 164.00 \$328.00 \$328.00	164 164

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ST FRANCIS HOSPITAL 241 NORTH ROAD REG/CODE: FFS

POUGHKEEPSIE ,

, NY 12601

CUSTOMER NUMBER: 324285

12/23/2013

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11/06/13	REMITTANCE BILLING - NEW YORK MEDICAID	608	
11/06/13	REMITTANCE BILLING - NEW YORK MEDICAID	18	
11/11/13	REMITTANCE BILLING - NEW YORK MEDICAID	86	
11/13/13	REMITTANCE BILLING - NEW YORK MEDICAID	1416	
11/13/13	REMITTANCE BILLING - NEW YORK MEDICAID	28	
11/18/13	REMITTANCE BILLING - NEW YORK MEDICAID	86	
11/20/13	REMITTANCE BILLING - NEW YORK MEDICAID	1078	
11/20/13	REMITTANCE BILLING - NEW YORK MEDICAID	18	
11/25/13	REMITTANCE BILLING - NEW YORK MEDICAID	158	
11/27/13	REMITTANCE BILLING - NEW YORK MEDICAID	800	
11/27/13	REMITTANCE BILLING - NEW YORK MEDICAID	10	
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DATE	TRANSACTION ID: XRANY131 TRANS QUANTITY: N ID: XRANY161 TRANSACTION DESCRIPTION	4389 QUANTITY	AMOUN
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ST FRANCIS HOSPITAL 241 NORTH ROAD REG/CODE: FFS

POUGHKEEPSIE , NY 12601

CUSTOMER NUMBER: 324285

12/23/2013

TRANSACTION ID: XRAZZ011

TRANS QUANTITY:

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APPL TOTAL:

5488

GRAND TOTAL:

5488

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